1. MENTAL HEALTH. 2. PHYSICAL HANDICAPS. pdf

1: Physical Disability - Children with Physical Disabilities

Disabilities can be physical in nature, an inability to walk due to amputation, or muscular or neurological dysfunction, cases covered by disability insurance St Charles MO. sensorial, as in.

Some of the common types are: The disorders are characterized by disturbance of mood as a predominant feature. Depression, bi-polar and mania are the major sub-categories of mood disorders. This group of disorders is indicated by the presence of excessive fears, frequent somatic complaints and excessive nervousness that can interfere with functioning. Panic attack, agoraphobia, obsessive-compulsive and post traumatic stress disorder are some of the major sub-categories of anxiety disorders. This group of disorders is characterized by any of the following signs and symptoms: Schizophrenia, schizoaffective disorder and schizophreniform are some of the major sub-categories of psychotic disorders. The group of disorders refers to enduring patterns of dysfunctional behavior. Symptoms typically present as personality traits that are inflexible, maladaptive and cause significant impairment or subjective distress. Paranoid, anti-social, borderline and avoidant are some of the major sub-categories of personality disorders. The essential feature of these disorders is the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor s. The clinical significance of the reaction is indicated by either marked distress that is beyond that which is expected or by impairment in social or occupations functioning. Sub categories of adjustment disorders include adjustment disorder with depressed mood, with anxiety, with disturbance of conduct and with mixed disturbance of emotions and conduct. Other psychiatric disorders include: Persons with a dual diagnosis can be found at all ages and levels of intellectual and adaptive functioning. The full range of psychopathology that exists in the general population also can co-exist in persons who have intellectual or developmental disabilities. In short, the presence of behavioral and emotional problems can greatly reduce the quality of life of persons with intellectual or developmental disabilities. It is thus imperative that accurate diagnosis and appropriate treatment be obtained in a timely manner. The causes of the increased vulnerability to mental health problems in persons with intellectual or developmental disabilities are not well understood. Several factors have been suggested. Stress is a risk factor for mental health problems. Persons with intellectual or developmental disabilities experience negative social conditions throughout the life span that contribute to excessive stress. These negative social conditions include social rejection, stigmatization, and the lack of acceptance in general. Social support and coping skills can buffer the effect of stress on mental health. In persons with intellectual or developmental disabilities, limited coping skills associated with language difficulty, inadequate social supports, and a high frequency of central nervous system impairment, all contribute to the vulnerability of developing mental health problems. Another explanation for the increased prevalence of mental health problems in this population relates to behavioral phenotypes. In addition to the characteristic physiological signs associated with genetic syndromes, many syndromes have characteristic behavior and emotional patterns. These behavioral phenotypes may contribute to the increased rate of behavioral and mental health problems among persons with intellectual or developmental disabilities. Is This a New Phenomenon? The identification of psychiatric disorders in persons with intellectual and developmental disabilities is not a new phenomenon, but it has received much more attention in recent years. The process of deinstitutionalization, by which many individuals with intellectual and developmental disabilities were released from institutions and placed in community residences, has increased the visibility of dual diagnosis. Although psychiatric disorders have been observed in persons with intellectual and developmental disabilities for many years, there have been impediments to more widespread professional recognition of dual diagnosis. The psychiatric disorder may be overlooked because it is considered less debilitating than intellectual disability or because it is thought to be a result of intellectual deficits. Another impediment to the recognition of mental illness in persons with intellectual disabilities has been the tendency for the administration and funding of mental health and intellectual or developmental disability services to be separate. Each system may expect the other to serve the person with a dual diagnosis. In addition, staff at both types of agencies may feel ill equipped to provide adequate services. There is a great

need to train qualified personnel in the diagnosis and treatment of psychiatric disorders among individuals with intellectual or developmental disabilities. What Treatments are Available? Most experts agree that treatment requires a comprehensive plan with several components. An interdisciplinary evaluation of the individual is necessary to obtain an accurate diagnosis and to establish habilitation and treatment needs. A thorough medical and neurological evaluation should be included to identify acute or chronic conditions that may need attention. A psychiatric evaluation can determine if medication is appropriate. Medication treatment is appropriate for many psychiatric disorders i. Medication treatment should not be a total treatment approach per se, but rather part of a comprehensive bio-psycho-social-developmental treatment approach. Psychotherapists may draw techniques from many theoretical orientations, including behavioral, cognitive, cognitive-behavioral, gestalt, psychodynamic, nondirective, or systems. Group therapies include skills training groups such as social skills, dating skills, assertiveness, and anger management training. Other therapy groups may focus on specific developmental tasks such as independence or bereavement. The groups may be structured or unstructured, time-limited or ongoing. Verbal psychotherapies are most appropriate for persons with mild to moderate intellectual disabilities. Behavior management plans are developed to deal with inappropriate behaviors and to teach adaptive skills. A functional analysis of behavior is conducted to determine the best approaches to use in the behavior plan. The person who is dually diagnosed may participate in the design of the behavioral program. Many treatment modalities and approaches have been tried, with varying degrees of effectiveness, with persons with intellectual and developmental disabilities. Evidence-based treatment approaches are those that have been empirically tested and proven effective for persons with intellectual and developmental disabilities. It is considered best practice to use evidence-based treatments. What Other Services might be needed? Day treatment, or partial hospitalization, programs for persons who are dually diagnosed have been established in many communities. The programs serve individuals with intellectual or developmental disabilities who have difficulty functioning in a traditional school or vocational program due to behavioral or psychiatric problems. Day treatment programs are generally designed for both rehabilitation and education, and include small group activities that focus on independent living skills, interpersonal skills, vocational preparation, and enrichment activities. Small group and individual psychotherapy are usually scheduled as part of the weekly program. Social skills training is usually a time limited approach that helps persons to improve the quality of their life by enhancing interpersonal interactions. Individuals are taught effective and appropriate social behaviors. Residential treatment programs have also been developed. These include inpatient units with intensive treatment programs for those individual who require hour supervision in a secured environment. In community settings, a range of residential options is available, although the demand often exceeds the available supply. Community placements include group homes, foster care, and supervised apartments, as well as programs that provide in-home family services and respite care. Additional services may be called upon in emergency situations. These services are designed for short-term use to stabilize immediate crises. Other services provided to individuals with intellectual and developmental disabilities and mental health problems may include physical therapy, speech therapy, art therapy and occupational therapy, among others, depending on individual needs. The coordination of services is an essential task. American Psychiatric Association Definition, classification, and system of supports. Not only did it help us assess and monitor team performance, but we now have solid, ongoing processes that ensure we are consistently following industry best practices for helping those most in need.

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2: Disability Overview | Disability and Health | NCBDDD | CDC

People with depression often have worse physical health, as well as worse self-perceived health, than those without depression.. Depression and other physical health conditions have separate but.

Following these discussions, the chapter addresses the safety concerns and complications associated with physical activity in people with physical and cognitive disabilities. Scientific Literature Database Methodology for a detailed description of the Database and its development included only a few manuscripts that evaluated the effects in populations with disabilities. Two abstractors combined several keywords associated with disability and physical activity or exercise. Reference lists in each individual article were also reviewed for additional articles, including meta-analytic articles and systematic review articles. The articles were included if they met the following inclusion criteria: Written in English; Publication date between January and November ; Subjects had one of the 11 disabilities listed in Table G Studies were excluded if they: Each of the identified studies was classified into 3 types of study design: No cross-sectional, retrospective observational, or prospective observational studies were included in the review. Data Extraction A total of articles published between and and that met all inclusion criteria were identified and reviewed for this report. Data were independently extracted by 2 reviewers who have backgrounds in disability and rehabilitation using the following categories: Number recruited; number analyzed; age; disability type; disability characteristics; number of years of disability before intervention. Type of training i. Supervised or unsupervised; home or community. Health outcomes associated with the intervention and divided into six categories: Types of Evidence The type of available evidence used in this report to determine the effects of exercise on health outcomes in people with physical or cognitive disabilities was based on a modification of the criteria used by the US Agency for Healthcare Research and Quality AHRQ, formerly known as the US Agency for Health Care Policy and Research We did not review the quality of each study i. Level of Evidence Type 1: Two or more RCTs with positive results and no studies reported significant negative effects. One RCT with positive results and no studies reported significant negative effects. At least one Non-RCT with positive results and no studies with significant negative effects. Well designed prospective cohort studies and case-control studies. Other observational studies â€” weak prospective cohort studies or case-control studies; cross-sectional studies or case series. Non-significant findings or no studies investigating the effects of exercise on people with disabilities.

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3: The Relationship Between Mental & Physical Health

(ILCS 5/) (from Ch. 91 1/2, par.) Sec. "Neglect" means the failure to provide adequate medical or personal care or maintenance to a recipient of services, which failure results in physical or mental injury to a recipient or in the deterioration of a recipient's physical or mental condition.

Associated issues[edit] Physical health issues[edit] There are many physical health factors associated with developmental disabilities. For some specific syndromes and diagnoses, these are inherent, such as poor heart function in people with Down syndrome. People with severe communication difficulties find it difficult to articulate their health needs, and without adequate support and education might not recognize ill health. Epilepsy , sensory problems such as poor vision and hearing , obesity and poor dental health are over-represented in this population. Mental health issues dual diagnoses [edit] Mental health issues, and psychiatric illnesses , are more likely to occur in people with developmental disabilities than in the general population. A number of factors are attributed to the high incidence rate of dual diagnoses: With this information psychological diagnoses are more easily given than with the general population that has less consistent monitoring. Access to health care providers: With consistent visits to health care providers more people with developmental disabilities are likely to receive appropriate treatment than the general population that is not required to visit various health care providers. These problems are exacerbated by difficulties in diagnosis of mental health issues, and in appropriate treatment and medication, as for physical health issues. Common types of abuse include: Physical abuse withholding food, hitting, punching, pushing, etc. Neglect withholding help when required, e. Psychological reactions to abuse were similar to those observed in the general population, but with the addition of stereotypical behaviour. The more serious the abuse, the more severe the symptoms that were reported. In addition to abuse from people in positions of power, peer abuse is recognized as a significant, if misunderstood, problem. Rates of criminal offense among people with developmental disabilities are also disproportionately high, and it is widely acknowledged that criminal justice systems throughout the world are ill-equipped for the needs of people with developmental disabilitiesâ€”as both perpetrators and victims of crime. Challenging behaviour Some people with developmental disabilities exhibit challenging behavior, defined as "culturally abnormal behaviour s of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities". A lot of the time, challenging behavior is learned and brings rewards and it is very often possible to teach people new behaviors to achieve the same aims. Challenging behavior in people with developmental disabilities can often be associated with specific mental health problems. This is especially the case where the services deliver lifestyles and ways of working that are centered on what suits the service provider and its staff, rather than what best suits the person. In general, behavioral interventions or what has been termed applied behavior analysis has been found to be effective in reducing specific challenging behavior. Until the Enlightenment in Europe, care and asylum was provided by families and the Church in monasteries and other religious communities , focusing on the provision of basic physical needs such as food, shelter and clothing. Stereotypes such as the dimwitted village idiot , and potentially harmful characterizations such as demonic possession for people with epilepsy were prominent in social attitudes of the time. Early in the twentieth century, the eugenics movement became popular throughout the world. This led to the forced sterilization and prohibition of marriage in most of the developed world and was later used by Hitler as rationale for the mass murder of mentally challenged individuals during the Holocaust. The eugenics movement was later thought to be seriously flawed and in violation of human rights and the practice of forced sterilization and prohibition from marriage was discontinued by most of the developed world by the mid 20th century. The movement towards individualism in the 18th and 19th centuries, and the opportunities afforded by the Industrial Revolution , led to housing and care using the asylum model. People were placed by, or removed from, their families usually in infancy and housed in large institutions of up to 3, people, although some institutions were home to many more, such as the Philadelphia State Hospital in Pennsylvania which housed 7, people through

the s , many of which were self-sufficient through the labor of the residents. Some of these institutions provided a very basic level of education such as differentiation between colors and basic word recognition and numeracy , but most continued to focus solely on the provision of basic needs. Conditions in such institutions varied widely, but the support provided was generally non-individualized, with aberrant behavior and low levels of economic productivity regarded as a burden to society. Heavy tranquilization and assembly line methods of support such as "birdfeeding" and cattle herding [clarification needed] were the norm, and the medical model of disability prevailed. Services were provided based on the relative ease to the provider, not based on the human needs of the individual. Their earliest efforts included workshops for special education teachers and daycamps for disabled children, all at a time when such training and programs were almost nonexistent. This book posited that society characterizes people with disabilities as deviant , sub-human and burdens of charity, resulting in the adoption of that "deviant" role. Wolfensberger argued that this dehumanization, and the segregated institutions that result from it, ignored the potential productive contributions that all people can make to society. He pushed for a shift in policy and practice that recognized the human needs of "retardates" and provided the same basic human rights as for the rest of the population. The publication of this book may be regarded as the first move towards the widespread adoption of the social model of disability in regard to these types of disabilities, and was the impetus for the development of government strategies for desegregation. From the s to the present, most U. Along with the work of Wolfensberger and others including Gunnar and Rosemary Dybwad, [28] a number of scandalous revelations around the horrific conditions within state institutions created public outrage that led to change to a more community-based method of providing services. In most countries, this was essentially complete by the late s, although the debate over whether or not to close institutions persists in some states, including Massachusetts. Services and support[edit] Today, support services are provided by government agencies, non-governmental organizations and by private sector providers. Support services address most aspects of life for people with developmental disabilities, and are usually theoretically based in community inclusion, using concepts such as social role valorization and increased self-determination using models such as Person Centred Planning. There also are a number of non-profit agencies dedicated to enriching the lives of people living with developmental disabilities and erasing the barriers they have to being included in their community. Special education Education and training opportunities for people with developmental disabilities have expanded greatly in recent times, with many governments mandating universal access to educational facilities, and more students moving out of special schools and into mainstream classrooms with support. Post-secondary education and vocational training is also increasing for people with these types of disabilities, although many programs offer only segregated "access" courses in areas such as literacy , numeracy and other basic skills. There are also some vocational training centers that cater specifically to people with disabilities, providing the skills necessary to work in integrated settings, one of the largest being Dale Rogers Training Center in Oklahoma City. See also Intensive interaction At-home and community support[edit] Many people with developmental disabilities live in the general community, either with family members, in supervised-group homes or in their own homes that they rent or own, living alone or with flatmates. At-home and community supports range from one-to-one assistance from a support worker with identified aspects of daily living such as budgeting , shopping or paying bills to full hour support including assistance with household tasks, such as cooking and cleaning , and personal care such as showering, dressing and the administration of medication. The need for full hour support is usually associated with difficulties recognizing safety issues such as responding to a fire or using a telephone or for people with potentially dangerous medical conditions such as asthma or diabetes who are unable to manage their conditions without assistance. The DSP works in assisting the individual with their ADLs and also acts as an advocate for the individual with a developmental disability, in communicating their needs, self-expression and goals. Supports of this type also include assistance to identify and undertake new hobbies or to access community services such as education , learning appropriate behavior or recognition of community norms, or with relationships and expanding circles of friends. Residential accommodation[edit] Some people with developmental disabilities live in residential accommodation also known as group homes with other people with similar assessed needs. These homes are usually staffed around the clock, and usually

house between 3 and 15 residents. The prevalence of this type of support is gradually decreasing, however, as residential accommodation is replaced by at-home and community support, which can offer increased choice and self-determination for individuals. Support to access or participate in integrated employment, in a workplace in the general community. This may include specific programs to increase the skills needed for successful employment work preparation , one-to-one or small group support for on-the-job training, or one-to-one or small group support after a transition period such as advocacy when dealing with an employer or a bullying colleague, or assistance to complete an application for a promotion. The provision of specific employment opportunities within segregated business services. Although these are designed as "transitional" services teaching work skills needed to move into integrated employment , many people remain in such services for the duration of their working life. The types of work performed in business services include mailing and packaging services, cleaning, gardening and landscaping, timberwork, metal fabrication, farming and sewing. Workers with developmental disabilities have historically been paid less for their labor than those in the general workforce, although this is gradually changing with government initiatives, the enforcement of anti-discrimination legislation and changes in perceptions of capability in the general community. They include heightened placement efforts by the community agencies serving people with developmental disabilities, as well as by government agencies. Additionally, state-level initiatives are being launched to increase employment among workers with disabilities. The Committee has been examining additions to existing community employment services, and also new employment approaches. Committee member Lou Vismara, chairman of the MIND Institute at University of California, Davis , is pursuing the development of a planned community for persons with autism and related disorders in the Sacramento region. Day services[edit] Non-vocational day services are usually known as day centers, and are traditionally segregated services offering training in life skills such as meal preparation and basic literacy , center-based activities such as crafts, games and music classes and external activities such as day trips. Some more progressive day centers also support people to access vocational training opportunities such as college courses , and offer individualized outreach services planning and undertaking activities with the individual, with support offered one-to-one or in small groups. Traditional day centers were based on the principles of occupational therapy , and were created as respite for family members caring for their loved ones with disabilities. This is slowly changing, however, as programs offered become more skills-based and focused on increasing independence. Advocacy[edit] Advocacy is a burgeoning support field for people with developmental disabilities. Advocacy groups now exist in most jurisdictions, working collaboratively with people with disabilities for systemic change such as changes in policy and legislation and for changes for individuals such as claiming welfare benefits or when responding to abuse. Most advocacy groups also work to support people, throughout the world, to increase their capacity for self-advocacy , teaching the skills necessary for people to advocate for their own needs. Other types of support[edit] Other types of support for people with developmental disabilities may include: Studies have been done testing specific scenarios on how what is the most beneficial way to educate people. Interventions are a great way to educate people, but also the most time consuming. With the busy schedules that everybody has, it is found to be difficult to go about the intervention approach. Another scenario that was found to be not as beneficial, but more realistic in the time sense was Psychoeducational approach. They focus on informing people on what abuse is, how to spot abuse, and what to do when spotted.

1. MENTAL HEALTH. 2. PHYSICAL HANDICAPS. pdf

4: People with Disabilities | Disability and Health | NCBDDD | CDC

Studies show that most adults with a serious or severe mental health condition want to work 1 and about 6 out of 10 can succeed with the right kind of support. 2 More than 1 in every 4 women who work have a disability of some type (a physical disability or a mental health condition). 3.

Environmental Factors Participation Restrictions Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Some disabilities may be hidden, known as invisible disability. International Classification of Functioning, Disability and Health, also known as ICF, is a classification of the health components of functioning and disability. The ICF is structured around: Body functions and structure. Additional information on severity and environmental factors. Activities related to tasks and actions by an individual and participation involvement in a life situation. These impairments can be termed as disability of the person to do his or her day to day activities. These impairments can be termed as disability of the person to do his day to day activities as previously. Mobility and Physical Impairments This category of disability includes people with varying types of physical disabilities including: Upper limb s disability Manual dexterity Disability in co-ordination with different organs of the body Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability. This kind of injury mostly occurs due to severe accidents. The injury can be either complete or incomplete. In an incomplete injury, the messages conveyed by the spinal cord is not completely lost. Whereas a complete injury results in a total dis-functioning of the sensory organs. In some cases spinal cord disability can be a birth defect. Head Injuries - Brain Disability A disability in the brain occurs due to a brain injury. The magnitude of the brain injury can range from mild, moderate and severe. There are two types of brain injuries: The causes of such cases of injury are many and are mainly because of external forces applied to the body parts. TBI results in emotional dysfunctioning and behavioral disturbance. Vision Disability There are hundreds of thousands of people that have minor to various serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma, to name a few. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft. Hearing Disability Hearing disabilities includes people that are completely or partially deaf, Deaf is the politically correct term for a person with hearing impairment. People who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example Meningitis can damage the auditory nerve or the cochlea. Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages". Cognitive or Learning Disabilities Cognitive Disabilities are kind of impairment present in people who are suffering from dyslexia and various other learning difficulties and includes speech disorders. Psychological Disorders Affective Disorders: Disorders of mood or feeling states either short or long term. Mental Health Impairment is the term used to describe people who have experienced psychiatric problems or illness such as: Personality Disorders - Defined as deeply inadequate patterns of behavior and thought of sufficient severity to cause significant impairment to day-to-day activities. A mental disorder characterized by disturbances of thinking, mood, and behavior. Invisible Disabilities Invisible Disabilities are disabilities that are not immediately apparent to others. Types of Disability Publications.

1. MENTAL HEALTH. 2. PHYSICAL HANDICAPS. pdf

5: Intellectual disability - Wikipedia

View Notes - Physical disabilities2-MENTAL HEALTH(1) from SCIENCE AN at York University. MENTAL HEALTH DR. Physical Disabilities 2- multiple scleoris and.

Depression and other physical health conditions have separate but additive effects on well-being. For example, the combination of heart disease and depression can cause twice the reduction in social interaction than either condition alone. Patients with both depression and physical health problems are at particular risk: The physical problem can complicate the assessment and treatment of depression by masking or mimicking its symptoms. It can work the other way as well. People with any chronic physical disease tend to feel more psychological distress than do healthy people. Poor physical health brings an increased risk of depression, as do the social and relationship problems that are very common among chronically ill patients. Seventeen percent were taking antidepressants. It has been linked to coronary heart disease, stroke, colorectal cancer , back pain, irritable bowel syndrome, multiple sclerosis, and possibly type 2 diabetes. Treatment of Mental Health Concerns is Key Professor Goldberg believes that untreated depression causes much unnecessary suffering, whereas effective treatment can decrease disability, prolong survival and increase quality of life. Less severe depression may be helped by lifestyle advice on sleep and physical activity, modified to take account of any physical disabilities. Other treatments include cognitive-behavioral therapy , either as a self-help program, computer-based, or with a therapist in groups or individually. Older antidepressants, such as tricyclics and St. Although depression can be treated effectively, there is no clear evidence that this treatment improves the physical illness. But it does have other beneficial effects such as improvements in social and emotional functioning, perceived disability and fatigue. A study found that the treatment of depression in arthritis patients led to improved arthritis-related pain intensity, less interference with daily activities due to arthritis, and better overall health status and quality of life. One of the reasons for persevering with active treatment for depression is that even if the outlook for survival is poor, quality of life may still be improved. Multivariate models of determinants of health-related quality of life in severe chronic obstructive pulmonary disease. The detection and treatment of depression in the physically ill. Effect of improving depression care on pain and functional outcomes among older adults with arthritis: Retrieved on November 14, , from https:

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6: Parenting and Child Health - Health Topics - Physical disability - children

(ILCS /3) (from Ch. 91 1/2, par.) Sec. 3. (a) All records and communications shall be confidential and shall not be disclosed except as provided in this Act. Unless otherwise expressly provided for in this Act, records and communications made or created in the course of providing mental health or developmental disabilities services shall be protected from disclosure regardless of.

At the end of June a 71 year old named Olive received her first eviction notice. She has been living in her rowhome with her family for years. Money has always been tight, and this month they just fell behind. Jay found out that one reason they struggled to make the rent is because she is currently going through chemotherapy for breast cancer-- the extra medical bills exceeded her fixed income. Jay provided Olive with several churches, non-profits, and specialized services. A few weeks later, Olive reported that she was able to get the help her and her family needed and they are at home, caught up on their rent. Access to good-quality, affordable health care is within your reach. Do you want to know more about your health care rights? Have you been recently diagnosed with an illness and need information about medical support programs? Gov , or CuidadodeSalud. Free enrollment assistance is available to help you find a plan that best meets your needs. Find an appointment through the Get Covered Connector. In order to have coverage that begins January 1, you must enroll by December 15, Interested in addressing Social Determinants of Health? Learn more about how you can partner with here. Do you suffer from an illness? Do you need in-home care? Are you a new parent? I feel so blessed, and my family too, because you guys helped me get all the help I needed. You can always reach one of our trained professionals by phone.

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7: Physical Disabilities and Dealing with related Mental Health Issues

Individuals who exercised had 1Â·49 (43Â·2%) fewer days of poor mental health in the past month than individuals who did not exercise but were otherwise matched for several physical and sociodemographic characteristics (W=7Â·42 Ã— 10 10, p<2Â·2 Ã— 10 âˆ’16).

Signs and symptoms A historical image of a person with intellectual disability Intellectual disability ID begins during childhood and involves deficits in mental abilities, social skills, and core activities of daily living ADLs when compared to same-aged peers. Some of the early signs can include: People with mild ID are capable of learning reading and mathematics skills to approximately the level of a typical child aged nine to twelve. They can learn self-care and practical skills, such as cooking or using the local mass transit system. As individuals with intellectual disability reach adulthood, many learn to live independently and maintain gainful employment. Speech delays are particularly common signs of moderate ID. People with moderate intellectual disability need considerable supports in school, at home, and in the community in order to fully participate. While their academic potential is limited, they can learn simple health and safety skills and to participate in simple activities. As adults, they may live with their parents, in a supportive group home , or even semi-independently with significant supportive services to help them, for example, manage their finances. As adults, they may work in a sheltered workshop. They may learn some ADLs, but an intellectual disability is considered severe or profound when individuals are unable to independently care for themselves without ongoing significant assistance from a caregiver throughout adulthood. X-linked intellectual disability Down syndrome is the most common genetic cause of intellectual disability. Among children, the cause of intellectual disability is unknown for one-third to one-half of cases. Examples of such accidents are development of an extra chromosome 18 trisomy 18 and Down syndrome , which is the most common genetic cause. The most common are: Sometimes disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. The most prevalent genetic conditions include Down syndrome , Klinefelter syndrome , Fragile X syndrome common among boys , neurofibromatosis , congenital hypothyroidism , Williams syndrome , phenylketonuria PKU , and Praderâ€”Willi syndrome. Intellectual disability can result when the fetus does not develop properly. A pregnant person who drinks alcohol see fetal alcohol spectrum disorder or gets an infection like rubella during pregnancy may also have a baby with intellectual disability. If a baby has problems during labor and birth, such as not getting enough oxygen , he or she may have developmental disability due to brain damage. Exposure to certain types of disease or toxins. Diseases like whooping cough , measles , or meningitis can cause intellectual disability if medical care is delayed or inadequate. Exposure to poisons like lead or mercury may also affect mental ability. Iodine deficiency also causes goiter , an enlargement of the thyroid gland. More common than full-fledged cretinism , as intellectual disability caused by severe iodine deficiency is called, is mild impairment of intelligence. Certain areas of the world due to natural deficiency and governmental inaction are severely affected. Among other nations affected by iodine deficiency, China and Kazakhstan have instituted widespread salt iodization programs, whereas, as of , Russia had not. In general, people with intellectual disability have an IQ below 70, but clinical discretion may be necessary for individuals who have a somewhat higher IQ but severe impairment in adaptive functioning. Until the most recent revision of diagnostic standards, an IQ of 70 or below was a primary factor for intellectual disability diagnosis, and IQ scores were used to categorize degrees of intellectual disability. It encompasses intellectual scores, adaptive functioning scores from an adaptive behavior rating scale based on descriptions of known abilities provided by someone familiar with the person, and also the observations of the assessment examiner who is able to find out directly from the person what he or she can understand, communicate, and such like. IQ assessment must be based on a current test. This enables diagnosis to avoid the pitfall of the Flynn effect , which is a consequence of changes in population IQ test performance changing IQ test norms over time. Distinction from other disabilities Clinically , intellectual disability is a subtype of cognitive deficit or disabilities affecting intellectual abilities , which is a broader concept and includes intellectual deficits that are too mild to properly qualify as intellectual disability, or too

specific as in specific learning disability , or acquired later in life through acquired brain injuries or neurodegenerative diseases like dementia. Cognitive deficits may appear at any age. Developmental disability is any disability that is due to problems with growth and development. This term encompasses many congenital medical conditions that have no mental or intellectual components, although it, too, is sometimes used as a euphemism for intellectual disability. To assess adaptive behavior, professionals compare the functional abilities of a child to those of other children of similar age. Certain skills are important to adaptive behavior, such as: Daily living skills , such as getting dressed, using the bathroom, and feeding oneself Communication skills, such as understanding what is said and being able to answer Social skills with peers, family members, spouses, adults, and others Management By most definitions, intellectual disability is more accurately considered a disability rather than a disease. Intellectual disability can be distinguished in many ways from mental illness , such as schizophrenia or depression. Currently, there is no "cure" for an established disability, though with appropriate support and teaching, most individuals can learn to do many things. Causes, such as congenital hypothyroidism, if detected early may be treated to prevent development of an intellectual disability. They include state-run, for-profit, and non-profit, privately run agencies. Within one agency there could be departments that include fully staffed residential homes, day rehabilitation programs that approximate schools, workshops wherein people with disabilities can obtain jobs, programs that assist people with developmental disabilities in obtaining jobs in the community, programs that provide support for people with developmental disabilities who have their own apartments, programs that assist them with raising their children, and many more. There are also many agencies and programs for parents of children with developmental disabilities. Beyond that, there are specific programs that people with developmental disabilities can take part in wherein they learn basic life skills. These "goals" may take a much longer amount of time for them to accomplish, but the ultimate goal is independence. This may be anything from independence in tooth brushing to an independent residence. People with developmental disabilities learn throughout their lives and can obtain many new skills even late in life with the help of their families, caregivers, clinicians and the people who coordinate the efforts of all of these people. There are four broad areas of intervention that allow for active participation from caregivers, community members, clinicians, and of course, the individual s with an intellectual disability. These include psychosocial treatments, behavioral treatments, cognitive-behavioral treatments, and family-oriented strategies. Results indicated that by age 2, the children provided the intervention had higher test scores than control group children, and they remained approximately 5 points higher 10 years after the end of the program. By young adulthood, children from the intervention group had better educational attainment, employment opportunities, and fewer behavioral problems than their control-group counterparts. Typically, one-to-one training is offered in which a therapist uses a shaping procedure in combination with positive reinforcements to help the child pronounce syllables until words are completed. Sometimes involving pictures and visual aids, therapists aim at improving speech capacity so that short sentences about important daily tasks e. The first goal of the training is to teach the child to be a strategical thinker through making cognitive connections and plans. Then, the therapist teaches the child to be metastrategical by teaching them to discriminate among different tasks and determine which plan or strategy suits each task. In general, this includes teaching assertiveness skills or behavior management techniques as well as how to ask for help from neighbors, extended family, or day-care staff. Although there is no specific medication for intellectual disability, many people with developmental disabilities have further medical complications and may be prescribed several medications. For example, autistic children with developmental delay may be prescribed antipsychotics or mood stabilizers to help with their behavior. Use of psychotropic medications such as benzodiazepines in people with intellectual disability requires monitoring and vigilance as side effects occur commonly and are often misdiagnosed as behavioral and psychiatric problems. About a quarter of cases are caused by a genetic disorder. Throughout much of human history, society was unkind to those with any type of disability, and people with intellectual disability were commonly viewed as burdens on their families. Greek and Roman philosophers, who valued reasoning abilities, disparaged people with intellectual disability as barely human. Until the Enlightenment in Europe, care and asylum was provided by families and the church in monasteries and other religious communities , focusing on

the provision of basic physical needs such as food, shelter and clothing. Negative stereotypes were prominent in social attitudes of the time. In the 13th century, England declared people with intellectual disability to be incapable of making decisions or managing their affairs. In the 17th century, Thomas Willis provided the first description of intellectual disability as a disease. According to Willis, the anatomical problems could be either an inborn condition or acquired later in life. In the 18th and 19th centuries, housing and care moved away from families and towards an asylum model. People were placed by, or removed from, their families usually in infancy and housed in large professional institutions, many of which were self-sufficient through the labor of the residents. Some of these institutions provided a very basic level of education such as differentiation between colors and basic word recognition and numeracy , but most continued to focus solely on the provision of basic needs of food, clothing, and shelter. Conditions in such institutions varied widely, but the support provided was generally non-individualized, with aberrant behavior and low levels of economic productivity regarded as a burden to society. Individuals of higher wealth were often able to afford higher degrees of care such as home care or private asylums. Services were provided based on the relative ease to the provider, not based on the needs of the individual. A survey taken in in Cape Town, South Africa shows the distribution between different facilities. Out of persons surveyed, 1, were in private dwellings, in jails, and in asylums, with men representing nearly two thirds of the number surveyed. In situations of scarcity of accommodation, preference was given to white men and black men whose insanity threatened white society by disrupting employment relations and the tabooed sexual contact with white women. This led to forced sterilization and prohibition of marriage in most of the developed world and was later used by Adolf Hitler as a rationale for the mass murder of people with intellectual disability during the holocaust. Eugenics was later abandoned as an evil violation of human rights, and the practice of forced sterilization and prohibition from marriage was discontinued by most of the developed world by the midth century. In , Alfred Binet produced the first standardized test for measuring intelligence in children. Their earliest efforts included workshops for special education teachers and daycamps for children with disabilities, all at a time when such training and programs were almost nonexistent. This book posited that society characterizes people with disabilities as deviant , sub-human and burdens of charity, resulting in the adoption of that "deviant" role. Wolfensberger argued that this dehumanization, and the segregated institutions that result from it, ignored the potential productive contributions that all people can make to society. He pushed for a shift in policy and practice that recognized the human needs of those with intellectual disability and provided the same basic human rights as for the rest of the population. The publication of this book may be regarded as the first move towards the widespread adoption of the social model of disability in regard to these types of disabilities, and was the impetus for the development of government strategies for desegregation. Successful lawsuits against governments and an increasing awareness of human rights and self-advocacy also contributed to this process, resulting in the passing in the U. From the s to the present, most states have moved towards the elimination of segregated institutions. Normalization and deinstitutionalization are dominant. In most countries, this was essentially complete by the late s, although the debate over whether or not to close institutions persists in some states, including Massachusetts. Some causes of intellectual disability are decreasing, as medical advances, such as vaccination, increase. Other causes are increasing as a proportion of cases, perhaps due to rising maternal age, which is associated with several syndromic forms of intellectual disability. This affects the names of schools, hospitals, societies, government departments, and academic journals. This phenomenon is shared with mental health and motor disabilities, and seen to a lesser degree in sensory disabilities. This means that whatever term is chosen for this condition, it eventually becomes perceived as an insult. The terms mental retardation and mentally retarded were invented in the middle of the 20th century to replace the previous set of terms, which included " imbecile " [42] [43] and " moron " [44] and are now considered offensive. By the end of the 20th century, these terms themselves have come to be widely seen as disparaging, politically incorrect , and in need of replacement. In the next revision, the ICD, this term have been replaced by the term "disorders of intellectual development" codes 6A00â€”6A04; 6A Z for the "unspecified" diagnosis code.

1. MENTAL HEALTH. 2. PHYSICAL HANDICAPS. pdf

8: Developmental disability - Wikipedia

Intellectual disability (now the preferred term for mental retardation) is a disorder characterized by cognitive delays. Get the facts from WebMD about its symptoms, causes, and treatments.

The inability to use legs, arms, or the body trunk effectively because of paralysis, stiffness, pain, or other impairments is common. It may be the result of birth defects, disease, age, or accidents. These disabilities may change from day to day. They may also contribute to other disabilities such as impaired speech, memory loss, short stature, and hearing loss. People with mobility and movement impairments may find it difficult to participate when facing social and physical barriers. Quite often they are individuals of courage and independence who have a desire to contribute to the fullest level of their ability. Some are totally independent, while others may need part- or full-time assistance. Ways to Help Build relationships of acceptance and equality by seeing beyond the disability. Learn about the disability and how you can help. Get to know the person and the caregiver. Maintain a balance between helping and allowing the individual to grow by providing for himself or herself. Prepare to accommodate individuals with a physical disability before Church meetings and activities begin. This may include providing ramps, seating accommodations, access to all facilities including the pulpit , and media equipment. Facilities should be accessible to those who use wheelchairs, braces, artificial limbs, other assistive devices, or assistive animals. At least one restroom must be accessible for individuals with a variety of physical needs. Sit or kneel, if necessary, to visit at a level that is comfortable for both. Invite individuals with physical disabilities to participate and give service. Offer them opportunities to contribute spiritually. It is OK to ask if someone would like help, but do not assist a person without his or her permission. Consider safety and liability issues. Back to Top Teaching Tips Talk to individuals with a physical disability just like you would talk to anyone else. Having a physical disability does not mean that an individual has an intellectual or hearing disability. Adapt situations to help individuals maintain self-respect. Avoid situations that may embarrass or frighten a person with a physical disability. People with physical disabilities can contribute as well as others.

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9: Mental Health and Mental Disorders | Healthy People

People with disabilities need health care and health programs for the same reasons anyone else doesâ€"to stay well, active, and a part of the community. Having a disability does not mean a person is not healthy or that he or she cannot be healthy.

Emergency Preparedness Assistive Technology Assistive technologies AT are devices or equipment that can be used to help a person with a disability fully engage in life activities. An example of an assistive technology can be anything from a low-tech device, such as a magnifying glass, to a high tech device, such as a special computer that talks and helps someone communicate. Other examples are wheelchairs, walkers, and scooters, which are mobility aids that can be used by persons with physical disabilities. Publications, Organizations, and Programs: These plans, known as plans, are used by general education students not eligible for special education services. The plan accommodations may be needed to give the child an opportunity to perform at the same level as their peers. A different plan is needed for children taking special education classes. Information for Parents Transitions For some people with disabilities and their parents, change can be difficult. Planning ahead of time may make transitions easier for everyone. A Personal Story When Jim was 3 months old, his mother was told he had cystic fibrosis. Looking ahead, she told the doctor she wanted Jim to go to college. Jim learned early that he needed to be involved in his own health care. With support from family, school, and health care professionals, Jim took on more and more responsibility for his own health. He also learned to take care of himself by exercising, eating right, and avoiding alcohol and tobacco. Today, Jim is 24, married, working, and buying a home. He believes he has been able to enjoy a full life, in spite of his disability. Transitions occur at many stages of life. For example, the transition from teen years to adulthood can be especially challenging. There are many important decisions to make, such as deciding whether to go to college, a vocational school, or enter the workforce. It is important to begin thinking about this transition in childhood, so that educational transition plans are put in place. Ideally, transition plans from teen years to adulthood are in place by age 14, but no later than age This makes sure the person has the skills he or she needs to begin the next phase of life. Department of Labor Independent Living Independent living means that a person lives in his or her own apartment or house and needs limited or no help from outside agencies. The person may not need any assistance or might need help with only complex issues such as managing money, rather than day-to-day living skills. Whether an adult with disabilities continues to live at home or moves out into the community depends in large part on his or her ability to manage everyday tasks with little or no help. For example, can the person clean the house, cook, shop, and pay bills? Is he or she able to use public transportation? Many families prefer to start with some supported living arrangements and move towards increased independence.

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