Mental wellness refers to a state of being in which a person is able to deal with the demands of everyday life and thinks, feels, behaves in ways that are appropriate for his/her age, relationships and responsibilities. Mental health disorders cause distress and can interfere with a person’s ability to cope with daily life. Both wellness and mental health disorders are experienced among people with intellectual/developmental disabilities (IDD) and among the general population.

The Diagnostic and Statistical Manual of Mental Disorders, fifth revision (DSM - 5), is the diagnostic guide for mental disorders. It is published by the American Psychiatric Association. According to the DSM - 5, depressive disorders are a classification of mental health disorders that include eight different disorders:

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

According to the DSM 5 depressive disorders “include the presence of sad, empty or irritable mood.”

Depressive disorders also involve physical symptoms (somatic symptoms) and cognitive changes (changes in thinking, reason and perception) that interfere with a person’s ability to function. The diagnosis of a depressive disorder includes guidelines around cause, the development and how long the issues last.

Of the eight depressive disorders, major depressive disorder is the most common. Major depressive disorder (depression) involves a depressed mood or loss of interest or pleasure in nearly all activities for a period of at least two weeks. Diagnosis is typically based on more than one episode; although it can be diagnosed based on a
single episode if it includes a list of symptoms that is used to diagnose depressive disorder. These diagnostic criteria (symptom causes, development and duration) apply to all people regardless of intellectual disability.

The prevalence of depression among adults with intellectual/developmental disability is estimated to be 2.2 percent. ii Depression is among the most common psychiatric disorders in people with IDD.iii It occurs more often in people with IDD than people without IDD. Depression and anxiety can occur at the same time.iv

People who have an IDD can experience the range of mental health problems that are experienced by the general population, including depressive disorders.

**Causes and development**

Major depressive disorder is most likely to appear first during puberty; but it can occur at any age. More females than males experience depressive disorders. Rates of depressive disorders are also higher for people who have an IDD than for those in the general population.

There is no specific, single cause of depression. Depression likely develops as a result of a combination of factors:

- Genetic factors — people with a family history of depression are more likely to experience it themselves
- Environmental factors — situations, circumstances or experiences in life
- Specific, distressing life events
- Psychological/physical factors — chemical imbalance in the brain, or how a person views life (a negative or pessimistic view of life)
- Developmental factors — a person’s stage of development impacts how they process and respond to situations that may cause stress and anxiety.

People who have an IDD may be more likely to develop a depressive disorder or other mental health issue for a variety of reasons including:

- Being different from peers
- Social isolation even if they were mainstreamed in school
- Rejection by peer groups
- Failure experiences dominate learning
- Low social status
- Poor identity development

Recent research indicates that an imbalance of serotonin in the brain is related to depression. Serotonin is a neurotransmitter. A neurotransmitter is a chemical substance that is released at the end of a nerve fiber. It helps with transferring impulses from one nerve fiber to another nerve fiber, a muscle fiber or some other structure. It is produced naturally by the body and also helps transmit signals from one part of the brain to another. It plays a role in regulating many systems in the body including the ones related to the function of brain cells connected to mood, sexual desire and function, appetite, sleep, memory and learning, temperature regulation and some social behavior. Research into the exact way serotonin is involved in depression is ongoing.
Signs and symptoms

Depression is characterized by:

- Mood changes (increased lows)
- Difficulty concentrating
- Difficulty maintaining energy level
- Change of appetite
- Change in sleep patterns
- Change in overall behavior

Generally, there are common signs that a person with IDD may be experiencing a mental health problem, including depression:

- A person may display adapted behavior that is different from that person’s typical behavior and occurs either more or less frequently than usual.
- The adapted behavior is not directly as result of the person having an IDD.
- The change in behavior interferes with the person’s day-to-day ability to function over time.

Due to challenges with the ability to identify and talk about thoughts and feelings, it is more likely that the person with an IDD will show the following signs and symptoms of depression:

- Increase in tearfulness
- Loss of social connections
- Loss of self-help skills (relying on more help from others)
- Irritability instead of sadness
- Aggression and self-injury
- Property damage
- Change in appetite
- Severe sleep disturbances
- Weight loss
- Total social withdrawal
- Unwillingness to use speech
- Slower thoughts and movements

Hallucinations or delusions may occur more frequently in people with an IDD who are experiencing depression. vi,vii

Diagnosis

A thorough biopsychosocial assessment, including health, mental health and intellectual disability, is recommended for any mental health disorder. People with IDD experience depressive disorders. Prevalence rates are difficult to determine due to complications in diagnosis. Underdiagnosis is also probable because:

- A person with IDD may have more trouble identifying thoughts and feelings and difficulty communicating them to others.
- The person may need to rely on care providers to share their observations and descriptions of behavior.
Diagnostic criteria (symptoms needed to make the diagnosis) need to be include the observations reported by the care provider.

The Diagnostic Manual – Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID 2) suggests variations in symptoms when completing diagnosis for people who have intellectual disabilities. The DM-ID 2 recommends that reports from care providers are included in the process to make sure the IDD and its impact on life experiences is considered.

When care providers are able to contribute to the diagnosis, it will be more accurate. For example, care providers may hear the person make negative comments about themselves or asking for reassurance more frequently. These behaviors may represent feelings of worthlessness, or excessive or inappropriate guilt. The person completing the diagnosis can include these symptoms.

Family practice doctors and other properly credentialed mental health professionals, which in Minnesota include:

- Clinical nurse specialist (CNS)
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Mental health rehabilitative professional
- Psychiatric nurse practitioner (NP)
- Psychiatry or an osteopathic physician
- Tribal certified professionals

are the only professionals who can complete a formal assessment and diagnosis for mental health conditions.

**Supports and strategies**

Supports and strategies for depression should make accommodations for any life changes or transitions (graduating high school, changing jobs, changing from one activity to another) that may be happening. With these changes considered, a plan can be developed that includes appropriate care, supports and effective interventions related to those changes and transitions. These plans are often the first steps in treatment for depression.

A thorough biopsychosocial assessment, including health, mental health and intellectual disability, is recommended for depression and any mental health disorder. Depression, when caught early, can be more easily treated successfully. Treatment for depression is likely to include:

- Psychotherapy (individual and/or group)
- Regular exercise
- Antidepressant medication
- Scheduling favorite activities regularly
- Learning stress management strategies
- Social skills training

**Cognitive Behavior Therapy (CBT)** can help people improve their ability to function. The process helps a person identify beliefs, feelings, and behaviors connected to the depression. In CBT, overall functioning is improved. CBT teaches people to monitor thoughts and change thought patterns that lead to problems. There is strong evidence showing the benefit of CBT with people who have IDD. Therapy can be adapted to the person based on their communication and developmental needs.

**Dialectical Behavior Therapy (DBT)** is a treatment program that deals with challenges people have with regulating emotions, tolerating distress and with their relationships. It works through a combination of:
- Individual psychotherapy
- Skills training groups
- Supervision/case consultation groups
- Positive environment and support strategies
- Wellness-based approaches

DBT has been adapted for use with people who have IDD by Charlton and colleagues. Similarly, Morasky (2007) has provided a description of strategies for adapting interventions for people with IDD.

Providing people with choice and control over their lives is a founding principle in person-centered planning. It is the focus of many other positive initiatives undertaken by families, self-advocates and professionals over the past 10 to 20 years. Making sure people have choice and control in their lives is based on the belief that all people prefer to have choices and that making those choices has positive benefits.

Positive identity development is one of the most important developmental tasks of life. It involves a person forming a sense of self, who they are in the world, and what they will do in life. Identity continues to evolve throughout a person’s life. Experiences people accumulate throughout life contribute to identity development. People who have IDD often have more limited life experiences and may find it more challenging to make sense of those experiences. Developing a positive sense of self can help when people are experiencing depression.

**Including depressive disorders in a functional behavior assessment and positive behavior supports**

Positive Behavior Support (PBS) involves changing situations and events that people with problem behaviors experience with the goal of reducing their occurrence. It supports people to increase social, personal and professional quality in their lives. Research-based strategies and tools are used to increase the quality of life.

The goal of a Functional Behavior Assessment (FBA) is to determine what purpose or function the behavior serves. When completing an FBA, depression must be considered as a factor that may have an impact on the person’s behavior. Depressive disorders could be considered as a “setting event,” which increases the likelihood of a behavior happening. If so, they could directly impact the function of a behavior. A depressive disorder should be included in a hypothesis statement if the depressive disorder helps explain why the behavior occurs, and may reduce the reinforcing nature of other events.
For more information about depressive disorders

UNSW Australia - An introduction to Depression in People with an Intellectual Disability This resource provides additional information about depression and intellectual disability; including vulnerabilities and risk factors for mental health problems for people with IDD, signs and symptoms, diagnosis and treatment of depression:

University of Hertfordshire - Depression in People with Intellectual Disabilities This resource provides information about IDD and depressive disorders; recognition, diagnosis and treatment.

Government of South Australia - Intellectual disability and depression (PDF)


For accessible formats of this publication or assistance with equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-431-2161 or use your preferred relay service.