

Screening for mental health problems in adults with ID using the Mini PAS-ADD Interview

Laurence Taggart, University of Ulster, N Ireland

Maurice Devine, Dept of Health, N. Ireland

Paula McLornian, Muckamore Abbey Hospital, N. Ireland

- **Prevalence rates vary as a result of definition, methodology, population and self-report (Deb et al., 2001, Sturmey, 2005)**
- **Overall, prevalence rates have been reported to be higher than those without ID (Cooper et al., 2007)**
- **Useful to have these figures but difficulty in generalising to N. Ireland as a result of varying cultural and socio-economic circumstances**
- **Important to have accurate figures to ensure appropriate mental health services are developed ('Equal Lives', 2005)**

- **To establish the estimated prevalence of mental health problems in adults with mild to moderate ID living in one community area using the Mini PAS-ADD Interview**
- **To evaluate the agreement of the Mini PAS-ADD Interview schedule through a comparative analysis**

- **One community area in N. Ireland (172,000)**
- **CIDN and social workers became the interviewers (training provided: N= 12)**
- **Mini Pass-ADD Interview (with glossary) (Moss, 2007)**
- **Population of 216 adults with ID attending day-centres: 96 interviews conducted (response rate 44.2%)**
- **Ethics obtained / Part of MSc Thesis**

- **32 (33.3%) PWID have scored above the thresholds for a range of conditions**

- **Most common condition:**
 - **Anxiety (N= 16, 16.7%)**
 - **Depression (N= 12, 12.5%)**
 - **Psychosis (N= 11, 11.5%),**
 - **OCD (N= 9, 9.4%)**
 - **Dementia (N= 2, 2.1%)**
 - **Hypo-mania (N= 2, 2.1%)**

- **NOTE: 11 (7.3%) of the PWID were found to score below the threshold on the Mini PAS-ADD Interview, however they were known to have a diagnosed psychiatric condition**
- **Increasing the prevalence rate from 33.3% to 39%**
- **Possible reasons: individuals in remission or symptoms not detected by informants**

- **Random sample selected (N=27, 28.1%), interviewed by a psychiatrist specialising in ID**
 - **Sensitivity analysis was found to be perfect (1 or 100%) as both the informants and psychiatrist both correctly identified the same five PWID who had a mental health problem**
 - **Specificity analysis was found to be lower at 0.77 (77%), as both the informants and psychiatrist correctly identified 17 people who did not have a mental health problem but could not agree on 5 PWID**
-

Implications

- **Current study's prevalence rates (33.3%) fall between previous community samples (20%-50%): methodological / clinical problems continue**
- **Higher rates of psychosis (11.4%) compared to previous samples of between 2%-6% (Hatton et al., 2005)**
- **Likewise, this study found higher rates of depression (12.5%) compared to early community studies (3%-5%) (Cooper, 1997, Deb et al., 2001): although lower rates compared to Marsten et al. (1997) of 44%**

Implications

- **This study illustrates that community informants, with training, can successfully engage in part of the assessment process**

 - **Using rating scales is not conclusive and caution should be taken in using these instruments: it is only part of the jigsaw (Taggart & Slevin, 2006):**
 - **Importance of establishing a baseline / person's perspective**
 - **Importance of using two raters**
 - **Importance of clinical judgement**
 - **Importance for seeking a psychiatric interview**
-

Email: l.taggart@ulster.ac.uk

Devine, M., Taggart, L. & McLorinan, P. (2009): Prevalence of psychiatric disorders in people with intellectual disabilities. British Journal of Learning Disabilities.

IN PRESS