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UNDERSTANDING DISABLING CONDITIONS

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UNDERSTANDING DISABLING CONDITIONS

As a Direct Support Provider (DSP) you may be responsible for individuals who have disabling and/or medical conditions. Some of these conditions require that the DSP have specific

information in order to provide appropriate support. This is particularly important if a condition causes the individual to have medical or health issues. Understanding particular aspects of some conditions will enable the DSP to build upon the individual's strengths while being mindful of restrictions the person may have. In this section you will learn about:

- ◆ Causes of Disabling Conditions
- ◆ Particular Disabling Conditions

Having a son or daughter with a disability or other type of difficulty can be challenging at times for families. However, with effective supports from DSPs, other professionals, and the community, most families continue to thrive.

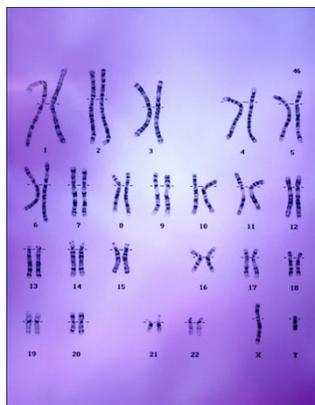
CAUSES OF DISABLING CONDITIONS

There are a variety of disabling conditions that can be related to a specific cause. Some of these may include genetic disorders; others may be related to a trauma or injury occurring **before, during, or after birth**. Because of the complexity of the human body, there are no easy answers to the question of what causes disability.

Before Birth

Genetic Factors

Genetics is the science that studies the means by which traits are passed from parents to their children. Through this science, a number of specific disorders have been identified as being genetically caused. In humans, there are 46 chromosomes in each cell. Each parent provides twenty-three. Within the genes of each of these chromosomes is the "blueprint" for how we will look, sound, grow, and behave.



When there are errors in genetic composition or structure, often the affected individual will develop a disabling condition or disease.

Sometimes the conditions that develop as a result of genetic errors are referred to as syndromes. Two of the many genetic conditions that cause disability are Down syndrome and Fragile X syndrome.

*For more information on these syndromes see the **Fact Sheets** at the end of this section.*

Exposure to Infections or Illness

Although the placenta acts as a barrier to some harmful substances, it does not always prevent the passing of drugs or infections from the mother to the baby. Infections can cause problems for the developing baby. Some examples of these are syphilis (a sexually transmitted infection), toxoplasmosis (a parasitic infection sometimes found in cat feces), varicella (chicken pox) and rubella (German measles). Diabetes and other illnesses of the mother may also cause difficulties.

Exposure to Drugs and Alcohol

The use of illegal drugs as well as the abuse of prescription drugs can result in serious developmental problems in the baby. Drugs such as cocaine, heroin, and methadone have been associated with various short and long-term negative effects. The negative outcomes of cigarette smoking include an increased risk of miscarriage and low birth weight.

Alcohol use during pregnancy is a leading cause of preventable birth defects and developmental delays. Fetal Alcohol Spectrum Disorder (FASD) refers to the full range of these problems.

*For more information on FASD see the **Fact Sheet** at the end of this section.*

During Birth Process

The possibility of being born with a disabling condition can be caused by other factors unrelated to genetics, exposure to infections, or drugs. During the birth itself, complications can arise that may deprive the baby of oxygen. This deprivation can cause brain damage resulting in intellectual disability as well as other disabling conditions such as cerebral palsy.

*For more information on Cerebral Palsy see the **Fact Sheet** at the end of this section.*

Other birth complications include:

- ◆ Problems with the placenta
- ◆ Untreated pregnancy-induced high blood pressure
- ◆ Premature membrane rupture (woman's "water breaks" too soon)
- ◆ Breech (backside first) delivery

After Birth

Prematurity and Low Birth Weight

Immediately following birth, some babies are considered "at risk" due to prematurity and low birth weight. If they are not provided with the specialized care necessary, they may experience long term brain and nervous system damage.

Childhood Illnesses and Injuries

Complications from illnesses such as pertussis (whooping cough), chicken pox, measles, meningitis, and encephalitis can damage the brain. Also accidents such as falls from bikes while not wearing a helmet or near drowning incidents can cause trauma to the brain. Substances such as lead and mercury can cause irreparable damage to the brain and nervous system.



Abuse and Neglect

Abuse can be of a physical, emotional, or sexual nature. When abuse occurs, a child is at risk for physical, psychological, and emotional harm. These may interfere with learning, normal development, and overall health and well being.

Neglect refers to allowing something to happen that is likely to cause serious physical or psychological harm to an individual. Harm occurs when individuals are exposed to disease producing conditions, inadequate medical care, malnutrition, and environmental health hazards. Neglect may also affect children's mental, emotional, and physical development if they are deprived of common cultural and daily experiences such as playing with other children and having appropriate toys and activities.

PARTICULAR DISABLING CONDITIONS

These include:

1 Mental Disability

This means that the individual has:

- ▶ Significant difficulties learning
- ▶ Problems functioning in a number of skill areas. e.g. communication, self-care, and learning

This condition can also be called **intellectual disability** or **developmental delay**.

A mental disability can be caused by a number of things, including, atypical development in utero, a genetic disorder (e. g. Down Syndrome), or acquired brain damage due to a head injury (e. g. a motor vehicle collision).

2 Physical Disability

Some of the individuals that you work with may have **physical disabilities**. This usually refers to individuals who may have conditions that interfere with their ability to move around easily on their own. Still others may have conditions that affect their vision or hearing.

3 Mental Illness

Mental illness may also be a concern for some of the individuals and families that you support. These may include conditions such as depression, anxiety, schizophrenia, and bipolar disorder.

*For more information on Mental Illnesses consult the **Fact Sheet** at the end of this section.*

So . . .

Some of the individuals you support may have a combination of various medical or disabling conditions. While it is important to be as informed as possible about these conditions, it is more important to recognize that each individual is a unique human being. Focus on the gifts, talents, skills, and strengths of each person.

Resources

Batshaw, M. (Ed.). (2001). **When Your Child Has a Disability-Revised Edition**. Baltimore, Maryland: Paul H. Brooks Publishing

The ARC of the United States website
www.thearc.org

Understanding
Disabling
Conditions

Resources

FACT SHEETS ABOUT DISABLING CONDITIONS

For information about each of the following conditions please refer to the FACT SHEETS.

Understanding
Disabling
Conditions

- Down syndrome
- Fragile X syndrome
- Fetal Alcohol Spectrum Disorder
- Seizure Disorders
- Cerebral Palsy
- Autism Spectrum Disorders
- Attention Deficit Hyperactivity Disorder
- Learning Disabilities
- Mental Illness

Down Syndrome Fact Sheet



What is it?

Down syndrome is a common genetic cause of intellectual disability which usually results in delays in physical, cognitive and language development.

For unclear reasons, an error in cell development results in 47 instead of the usual 46 chromosomes. This extra chromosome changes the orderly development of the body and brain. Down syndrome occurs in approximately 1 in 800 -1000 births.

Key Points

- ◆ There is wide variation in intellectual abilities, behavior and physical development in individuals with Down syndrome. Each individual has his or her own unique personality, capabilities and talents.
- ◆ Individuals with Down syndrome benefit from loving homes, early intervention, inclusive education, appropriate medical care and positive public attitudes.
- ◆ In adulthood, many persons with Down syndrome hold jobs, live independently, and enjoy recreational opportunities in their communities.

Important information for a DSP to know about this condition

It is important for Direct Support Providers (DSPs) to have a full understanding of Down syndrome facts and access to support in order to best help the individual reach their full potential. Besides having some possible physical characteristics (flat bridge of the nose, small mouth, crease extending across palm, decreased muscle tone) individuals with

Down syndrome may have specific health-related problems of which DSPs need to be aware.

- ◆ 30% - 50% of individuals with Down syndrome have heart defects and 8% - 12% have gastrointestinal tract abnormalities present at birth. Most of these defects are correctable by surgery.
- ◆ A lowered resistance to infection makes these individuals more prone to respiratory problems.
- ◆ Some individuals may have a condition which causes a misalignment of the top two vertebrae of their neck. This makes these individuals more prone to injury if they participate in activities which overextend or flex the neck. Although this misalignment is a potentially serious condition, proper diagnosis can help prevent serious injury.
- ◆ Some individuals with Down syndrome may have a tendency to gain weight as they grow older. Besides having negative social implications, this weight gain threatens these individuals' health and longevity. A supervised diet and exercise program may help reduce this problem.
- ◆ Visual problems such as crossed eyes and far or nearsightedness are higher in those with Down syndrome, as are mild to moderate hearing loss and speech difficulties.

Where can you go for more information?

Manitoba Down Syndrome Society

204-825 Sherbrook St.

Winnipeg, MB. R3A 1MS

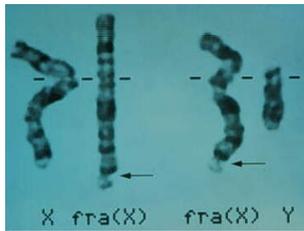
Phone: 992-2731

<http://www.manitobadownsyndromesociety.com/>

mdss@mts.net

Fragile X Fact Sheet

What is it?



Fragile X Fact Sheet

- ◆ Fragile X is the most common *inherited* cause of intellectual disability known.
- ◆ It is a genetic disorder caused by an alteration of a gene on the X chromosome.
- ◆ Boys are typically more severely affected than girls. While most boys have an intellectual disability, only one-third to one-half of girls have significant intellectual impairment; the rest have either normal IQ or learning disabilities.
- ◆ Emotional and behavioral problems are common in both sexes.
- ◆ About 20% of boys with fragile X meet full criteria for autism. Most boys and some girls have some symptoms of autism, but many tend to be very social and interested in other people.
- ◆ While the exact occurrence of fragile x is unknown, 1 in 2,000 males and 1 in 4,000 females have fragile x with intellectual impairment.

Key Points

- ◆ Some individuals will have particular physical characteristics: long face, large ears, flat feet, very flexible joints; especially fingers.
- ◆ There are many areas of support that can improve the lives of those affected and their families.

- ◆ The following will often need to be addressed for individuals with fragile x syndrome:
 - Speech and language intervention
 - Behavioral support
 - Gross Motor development (large muscles)
 - Routines of daily living

Important information for a DSP to know about this condition

- ◆ About 25% of individuals with fragile x will have seizures.
- ◆ Some individuals will:
 - ◆ be shy and have difficulty making eye contact
 - ◆ have attention deficit and hyperactivity
 - ◆ have anxiety and changeable moods
 - ◆ have behaviors that are similar to those of autism
- ◆ Transitions and changes in schedule are especially difficult for many persons with fragile x and require careful planning by DSPs.
- ◆ Parents may have behavioral interventions, including certain calming techniques that they would like the DSP to follow to ensure a calm, structured environment for their child.

Where can you go for more information?

Fragile X Research Foundation of Canada Website
www.fragile-x.ca

Fragile X Syndrome-A Multimedia Guide where you can learn what it is, what causes it, what it is like to have, and how it is inherited, diagnosed and treated.
www.ygyh.org/fragx/whatisit.htm

Fetal Alcohol Spectrum Disorder

What is it?



Alcohol use during pregnancy is a leading cause of preventable birth defects and developmental delays. Fetal Alcohol Spectrum Disorder (FASD) refers to the full range of these problems. (Canadian Centre on Substance

Abuse, 2007) In order for a doctor to give someone a diagnosis of Fetal Alcohol Syndrome (one example of FASD), there must be all of these findings:

- ◆ A confirmed history of maternal alcohol exposure
- ◆ Distinctive facial features (small eye openings, a smooth area between the nose and lip, and a thin upper lip)
- ◆ Growth problems
- ◆ Brain damage

There are other terms used to describe persons affected by alcohol who do not have FAS. Some examples are, Fetal Alcohol Effects (FAE), partial FAS (pFAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). All of these describe other effects within the spectrum. (Canadian Centre on Substance Abuse, 2007)

Key Points

- ◆ The only way someone can get FASD is if their mother drank alcohol during pregnancy.
- ◆ There is no safe amount of alcohol during pregnancy nor is there a safe time to drink alcohol during pregnancy.
- ◆ The effects of drinking alcohol during pregnancy can vary widely. Some children will have a few problems while others may be severely affected.
- ◆ FASD cannot be cured; people with FASD live with it for their entire life.

- ◆ FASD affects approximately 1% of people living in Canada; there may be about 300,000 adults and children. (Public Health Agency of Canada 2007)

Important information for a DSP to know about this condition

Individuals affected by alcohol during pregnancy can have some of the following difficulties:

- ◆ A hard time learning, and controlling their behaviour. For example, they may seem to learn how to do something one day and then not remember it the next.
- ◆ Adding, subtracting and handling money.
- ◆ Reasoning, remembering.
- ◆ Learning from experience, understanding consequences of their actions, getting in trouble with the law.
- ◆ Getting along with others.
- ◆ Mental health problems such as depression.
- ◆ May develop alcohol and drug problems.

Individuals can do well with supports and services. They can go to school and be helped to find work and other meaningful activities in the community. Examples of helpful services are educational assistance, vocational programs, tutors, structured environments, and lifelong support and care.

Where can you go for more information?

Fetal Alcohol Family Association
of Manitoba
3rd Floor 555 Broadway Ave.
Winnipeg, MB R3C 0W4
Phone: (204) 786-1847

Toll Free: 1-866-890-1402
<http://www.fafam.ca/>

Fas World:
<http://www.fasworld.com/aboutfasd.asp>

Seizure Disorders

What is it?



- ▶ A seizure occurs when the normal electrical balance in the brain is lost. Seizures are the physical effects of unusual bursts of electrical energy in the brain.
- ▶ Epilepsy is the tendency to have recurrent seizures. It is the same thing as a *seizure disorder*. A single seizure does not constitute epilepsy.

Important information for a DSP to know about this condition

It is your responsibility to find out as much as possible about the type of seizure(s) the person you support typically has. Ask:

- ▶ Are there are specific things I should do for this individual during and after their seizure?
- ▶ How long does the individual's seizure(s) usually last?
- ▶ What information should I record about the seizure? (e.g., how long did it last? What was the individual doing when the seizure occurred?)
- ▶ In addition to the **First Aid Measures** that follow, you should also be sure there are not any other things you are supposed to do or not do for the individual that you support. Check with the parent(s) or another care provider.

First Aid for Seizures (Epilepsy Ontario, March 2007)

For Tonic Clonic Seizures:

- ▶ If necessary, ease the person to the floor.
- ▶ Loosen any tight neck wear.
- ▶ Protect the person's head and body from injury.
- ▶ Do not restrain the person.
- ▶ Do not insert anything between the teeth.
- ▶ If the person starts to bleed from the mouth, do not panic. They may have bitten their tongue.
- ▶ Once relaxed, turn the person onto their side to ensure an open airway and decrease risk of aspiration.

- ◆ After the seizure, let the person sleep if needed. Suggest that they see a physician.
- ◆ If the person has a second seizure within a few minutes, call a doctor or ambulance.

For Absence Seizures

- ◆ No first aid is required. Reassure the person.

For Simple Partial Seizures

- ◆ No first aid is required. Reassure the person.

For Complex Partial Seizures

- ◆ Do not restrain the person.
- ◆ Protect the person from injury by moving sharp or hot objects away.
- ◆ If wandering occurs, stay with the person and talk quietly.

Do not be frightened if the person appears to stop breathing for a few **seconds**. This is common.

- ◆ If a child or adult that you support has a seizure the parents or caregiver should be notified.
- ◆ Check for medical or emergency identification.

If a seizure lasts longer than five minutes, or repeats without full recovery:

SEEK MEDICAL ASSISTANCE IMMEDIATELY

Although this rarely occurs, status epilepticus is life-threatening.

It is a serious medical emergency.

Where can you go for more information?

Manitoba Epilepsy Association
301-309 Hargrave St.
Winnipeg, MB. R3B 2J8
Phone: 783-0466 Rural: 1-866-374-5377
<http://www.manitobaepilepsy.org>

Cerebral Palsy

What is it?



Cerebral Palsy (CP) is a term used to describe a group of disorders affecting body movement and muscle coordination. Any damage to the developing brain, whether caused by genetic disorders, injury, or disease, may produce cerebral palsy. This damage interferes with the brain's ability to deliver messages to and from the body. Cerebral Palsy is not a progressive condition - it will not get worse. However, the effects of CP may change over time. Some effects from CP may improve, for example, someone may gain enough hand control to do certain tasks. Other effects may cause problems as the person ages such as problems in the spine and hips caused by muscle tightness. Sometimes these difficulties may require surgery.

Key Points

- ◆ The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. A small number of children have CP as a result of an infection or a brain injury; for example, from a motor vehicle accident or fall.
- ◆ The effects of CP vary a lot from person to person depending on where the brain damage occurred. Effects can range from minor movement difficulties such as a slight limp to almost no muscle control which has extreme effects on movement and speech.
- ◆ There are over 50,000 Canadians with CP. It is estimated that one out of every 500 babies, and up to one in three premature babies are affected to some extent. (Cerebral Palsy Association of Canada, 2007)
- ◆ Individuals with cerebral palsy have a normal life expectancy. They are able to go to school, pursue successful careers, and have families.

Important information for a DSP to know about this condition

Individuals with CP may experience the following effects:

- ◆ Lack of coordination
- ◆ Spasticity (involuntary muscle tightness and stiffness)
- ◆ Muscle tightness or spasm
- ◆ Involuntary movement
- ◆ Difficulty walking, running, and with activities requiring fine motor skills such as writing and doing up buttons
- ◆ Speech difficulties

These effects may also cause associated problems such as poor bladder and bowel control, breathing difficulties, and pressure sores.

- ◆ Individuals with CP may also have other conditions such as seizures, learning disabilities, and developmental delays.
- ◆ Limbs affected by CP are not paralyzed and can feel pain, heat, cold, and pressure.
- ◆ Many individuals require lifetime support to manage their symptoms and maximize their abilities. Options may include medications for muscle spasms, as well as physical, occupational, and speech therapy. Individuals may also use braces, wheelchairs, and walkers. Some individuals will also use communication aids such as computers with attached voice synthesizers.

Where can you go for more information?

Cerebral Palsy Association of
Manitoba
1060 Ellice Ave.
Winnipeg, MB R3G 0C9
Phone: (204) 982-4872
Toll Free: 1-800-416-6166

www.cerebralpalsy.mb.ca

Cerebral Palsy Association of
B.C.

www.bccerebralpalsy.com/

Autism Spectrum Disorders

What is it?



- ◆ Autism Spectrum Disorders (ASDs) are neurological disorders which cause developmental disability. The term spectrum refers to a range of severity or developmental problems. Individuals with autism spectrum disorders have particular communication, social, and behavioural characteristics in common. However, these characteristics vary from person to person.
- ◆ ASDs are also grouped under the broad heading "Pervasive Developmental Disorder"- a general category of disorders which are characterized by severe and pervasive impairment in several areas of development. (American Psychiatric Association, 1994)

Key Points

- ◆ According to the Autism Society Canada (2007) the three most common PDDs are:
 1. Autistic Disorder (also called autism, classic autism)
 2. PDD-NOS (Pervasive Developmental Disorder - Not Otherwise Specified)
 3. Asperger's Disorder (also called Asperger's Syndrome and Asperger Syndrome)
- ◆ Some individuals with autism may also have other conditions such as Epilepsy, Down syndrome, Fragile X syndrome, anxiety, and depression.
- ◆ Autism is the most common neurological disorder affecting children and one of the most common developmental disabilities affecting Canadians. (Autism Society Canada, 2007)
- ◆ Disabilities caused by ASDs might be very mild in one person and severe in another.

Important information for a DSP to know about this condition

Characteristics and Behaviours:

Communication - Language develops slowly and sometimes not at all. Individuals with autism often repeat phrases they have heard previously. Individuals often have difficulty interpreting non-verbal communication and social cues such as eye contact, gestures, and facial expressions.

Social Interaction and Skills - Some individuals show little or no interest in other people. Some are interested in others but have difficulty talking, playing, or relating. For those who are verbal, there may be difficulties initiating and maintaining a conversation. Children may find it hard to involve themselves in spontaneous or imaginative play.

Sensory Difficulties - Problems vary from person to person. Over and under sensitivities may be in the areas of smell, taste, sight, hearing, and touch. Some people may find their senses jumbled and may be overwhelmed by the world around them.

Other Behaviours - Some individuals may be overactive or very passive. Some may repeat such actions as spinning, rocking, staring, fluttering hands, or hitting themselves. Small changes in the environment or routines may cause distress. Some individuals show an excessive interest in only one thing, idea, or activity.

Where can you go for more information?

Autism Society Manitoba
825 Sherbrook St. Rm. 204
Winnipeg, MB. R3A 1R9
Phone: 204-783-9563
www.autismmanitoba.com

Autism Society Canada
www.autismsocietycanada.ca

Attention Deficit Hyperactivity Disorder

What is it?



Attention Deficit Hyperactivity Disorder (ADHD) is a condition that becomes apparent in some children in the pre-school and early school years. ADHD is characterized by difficulties with hyperactivity, impulsivity, and inattention.

While the majority of ADHD is believed to be genetic in nature, many cases are thought to be acquired after conception due to brain injuries that happen either before or after birth. It is estimated that between 3 and 5 percent of children have ADHD. (LD online, 2007) ADHD is most commonly diagnosed in children but is increasingly diagnosed in adults as well. An individual can be predominantly inattentive (often referred to as ADD), predominantly hyperactive-impulsive, or a combination of these two.

Key Points

The following are some of the symptoms seen in individuals with ADHD; however these will vary from person to person. Individuals may:

- ◆ Have problems giving close attention to details and making mistakes in schoolwork, work, and other activities
- ◆ Be impulsive and may act without thinking
- ◆ Be easily distracted
- ◆ Not seem to listen when spoken to directly
- ◆ Have trouble organizing activities
- ◆ Fidget with hands or feet or squirm in their seat
- ◆ Have trouble playing or enjoying leisure activities quietly

The symptoms often lead to other problems in school, with relationships (friends, family members) and with self-esteem.

Important information for a DSP to know about this condition

- ◆ Both children and adults can be supported to live productive and successful lives.
- ◆ Strategies for supporting children with ADHD involve:
 - Education about ADHD for parents
 - Teaching parents and other caregivers' strategies to assist children with their behavior
 - Educational programs to help children in school
- ◆ Some individuals may take medications to help manage their symptoms. Medications do not cure ADHD; they only control the symptoms on the day they are taken. Medications help the person pay better attention and complete their work; they can not increase knowledge or improve academic skills. The medications help the individual use those skills he or she already possesses.
- ◆ Behavior therapy is an alternative treatment for some who do not want to take medication or do not respond well to the prescribed medication. Some individuals choose a combination of medication and behavior therapy.
- ◆ Approximately 20 to 30 percent of children with ADHD also have a specific learning disability. In school age children, reading or spelling disabilities, writing disorders, and arithmetic disorders may appear. A type of reading disorder, dyslexia, is also quite widespread in individuals with ADHD. (LD Online, 2007)
- ◆ Some individuals with ADHD may also have Tourette syndrome (a disorder characterized by various nervous tics, and repetitive mannerisms like eye blinks, and facial twitches). Other conditions sometimes seen with ADHD are depression and anxiety.

Learning Disabilities

What are they?



"Learning Disabilities refer to a number of disorders which may affect how an individual acquires, organizes, retains and understands, or uses verbal and non-verbal information. These disorders affect learning in individuals who

otherwise demonstrate at least average abilities essential for thinking and/or reasoning." (Learning Disabilities Association of Canada, 2002)

Learning Disabilities range in severity and may interfere with such things as listening, speaking, understanding, reading, and mathematics. They may also involve problems with social perception and interaction, and organizational skills.

Key Points

- ◆ Learning disabilities are due to genetic and/or neurobiological factors or injury that alters brain functioning. (Learning Disabilities Association of Canada, 2002)
- ◆ It is estimated that 10% of Canadians have learning disabilities. (Learning Disabilities Association of Canada, 1999)
- ◆ Learning disabilities are lifelong; however, the way in which they are expressed may vary over the individual's lifetime.
- ◆ Individuals with learning disabilities may have difficulties with certain types of tasks while excelling at others.
- ◆ Some individuals with learning disabilities may also have other conditions such as behavioral and emotional disorders, sensory impairments, and other medical conditions.

Learning disabilities can be divided into five categories: (adapted from Learning Disabilities Association of Canada, 2007)

1. Visual Problems - not remembering faces, words, reversals in writing (51 instead of 15).

2. Auditory Problems - difficulty in remembering what has been said, trouble hearing sounds over background noises.
3. Motor Problems - difficulty with handwriting and with certain physical activities
4. Organizational Problems - being late, not meeting deadlines, organizing desk, adapting to new circumstances
5. Conceptual Problems - difficulty understanding abstract concepts, social cues, understanding facial expressions

Important information for a DSP to know about this condition

If a child's learning disability is discovered early and the right kind of help is given, the individual will have opportunities to develop the necessary skills to lead a successful life.

Supports need to be appropriate for the individual's problem areas and include the following: (adapted from Learning Disabilities Association of Canada, 2007)

- ◆ Specific skill instruction
- ◆ Accommodations (e.g., someone takes notes for person in classroom, extra time to write tests)
- ◆ Strategies to compensate for areas of difficulty (e.g., minimizing background noise when learning new skills).

Where can you go for more information?

Learning Disabilities Association of Manitoba
617 Erin Street
Winnipeg, MB . R3G 2W1
Phone: 204-774-1821

<http://www.ldamanitoba.org/>

This site provides links to other Learning Disabilities Association offices in Manitoba.

LD Online <http://www.ldonline.org>

Mental Illness

What is it?



“Mental Illness is the term used to refer to a variety of diagnosable mental disorders. Mental illnesses are health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination) associated with distress and/or impaired functioning.” (Canadian Mental

Health Association, 2007)

Key Points

- ◆ There are many possible causes of mental illness including biochemical, genetic, social, psychological, or environmental.
- ◆ Mental illness can affect anyone at any time in their life. It affects people of all ages, educational and income levels, and cultures.
- ◆ Episodes of a mental illness can come and go at various times in a person's life.
- ◆ Some types of mental illness that you may encounter as a DSP are depression, bipolar disorder, schizophrenia, and anxiety disorders.
- ◆ All of these conditions have available treatment options.

If you suspect any of the individuals or family members you are assisting are experiencing mental health difficulties it is important to report these to your supervisor as soon as possible.

Important information for a DSP to know about these conditions

- ◆ **Depression** results in feelings of worthlessness, helplessness, and hopelessness. Individuals with depression may sleep and eat more or less than usual, have difficulty concentrating and making decisions and have overwhelming feelings of sadness or grief. Approximately 8% of the population will experience major depression in their lives. (CMHA-Winnipeg, 2007)
- ◆ **Postpartum depression and Baby Blues** refer to conditions with symptoms that include feeling weepy, overwhelmed,

irritable, fatigued, and experiencing difficulties relating to the baby. Up to 80% of new mothers experience the "baby blues". If the feelings don't go away or if they get worse, the woman may be experiencing postpartum depression which affects up to 20% of new mothers. (CMHA-Winnipeg, 2007)

- ▶ **Bipolar disorder or manic depressive disorder.** Individuals experience alternating mood swings, from emotional "highs" (mania) to "lows" (depression). The condition can range from mild to severe. It typically starts in late adolescence or early adulthood and affects men and women equally. (CMHA-Winnipeg, 2007)
- ▶ **Schizophrenia** is a biological disorder of the brain with an unknown cause. People with schizophrenia may have false beliefs with no basis in reality, may hear voices, and may have disorganized thinking that makes them feel mixed up. They may also have depression and anxiety. The symptoms of schizophrenia vary greatly from person to person. (CMHA-Manitoba, 2007)
- ▶ **Anxiety Disorders** are the most common of all mental health problems. It is estimated that they affect approximately 1 in 10 people. Individuals who have an anxiety disorder have intense, prolonged feelings of fright and distress for no obvious reason. Anxiety disorders are illnesses that can be diagnosed and treated but they are often mistaken for mental weaknesses and instability. It is common for an anxiety disorder to be accompanied by depression, eating disorders, or substance abuse. Some types of anxiety disorders are Phobias (extreme fears) and Obsessive-Compulsive Disorder (individual has persistent unwanted thoughts or behaviours which they find impossible to control). (CMHA Manitoba, 2007)

Where can you go for more information?

Canadian Mental Health Association-MB
4 Fort St., Suite 100
Winnipeg, MB. R3C 1C4
Phone: 953-2350
www.manitoba.cmha.ca

CMHA-Winnipeg Region
432 Ellice Avenue
Winnipeg, MB. R3B 1Y4
Phone: 982-6134
www.winnipeg.cmha.ca