WELL-BEING GROUP FOR PEOPLE WITH INTELLECTUAL DISABILITY – AN EXAMPLE OF DIFFERENTIATION

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People with an intellectual disability experience mental health issues at rates 2-3 times higher than populations without disability. According to Lin et.al. (2014 in Clegg & Bigby 2017) mental health disorders and issues affect approximately 47% of adults with intellectual disabilities, double the rate experienced by adults without intellectual disabilities.

Despite these high rates of poor mental health, people with intellectual disabilities experience significant barriers to accessing mental health assessment, treatment and recovery programs. Few specialised treatments/programs exist and mainstream services either deliberately screen out people with an intellectual disability or do not have programs that address the barriers to access and participation that this group experience.

A joint project between Community Living Association, and WWILD SVP Association was created to develop a modified mental health group based on the broader principles of Mental Health Recovery Frameworks that prioritised addressing barriers to participant and engagement experienced by people with an intellectual disability.

This program borrows from the principles of Mental Health Recovery Frameworks, i.e. –

- Person centred
- Strengths focused
- Allows participants to be the expert in their own recovery
- Encourages self-determination
- Views recovery as a journey rather than a cure
- Utilises peer connection and peer facilitation.

Adjustments to make the group and its frameworks accessible to people with intellectual disabilities included:

- A focus on supporting participants to develop their own language around mental health and wellbeing. Allowing the choice of language to be different for each group member and different for each group as a whole.
- Greater emphasis on use of visual materials (limiting any requirement for written material).
- A flexibility around how quickly the group progresses through the timeline of weekly topics and activities to allow responsiveness to learning needs, and to allow space for useful discussion.

Weekly topics include:

- Welcome and rapport building
- What is wellness
- How do you know if you are having a bad day
- What helps you to cope
- How do we look after ourselves
- Good relationships
- What are triggers
- What are your goals
- Self-Care
- Celebration.
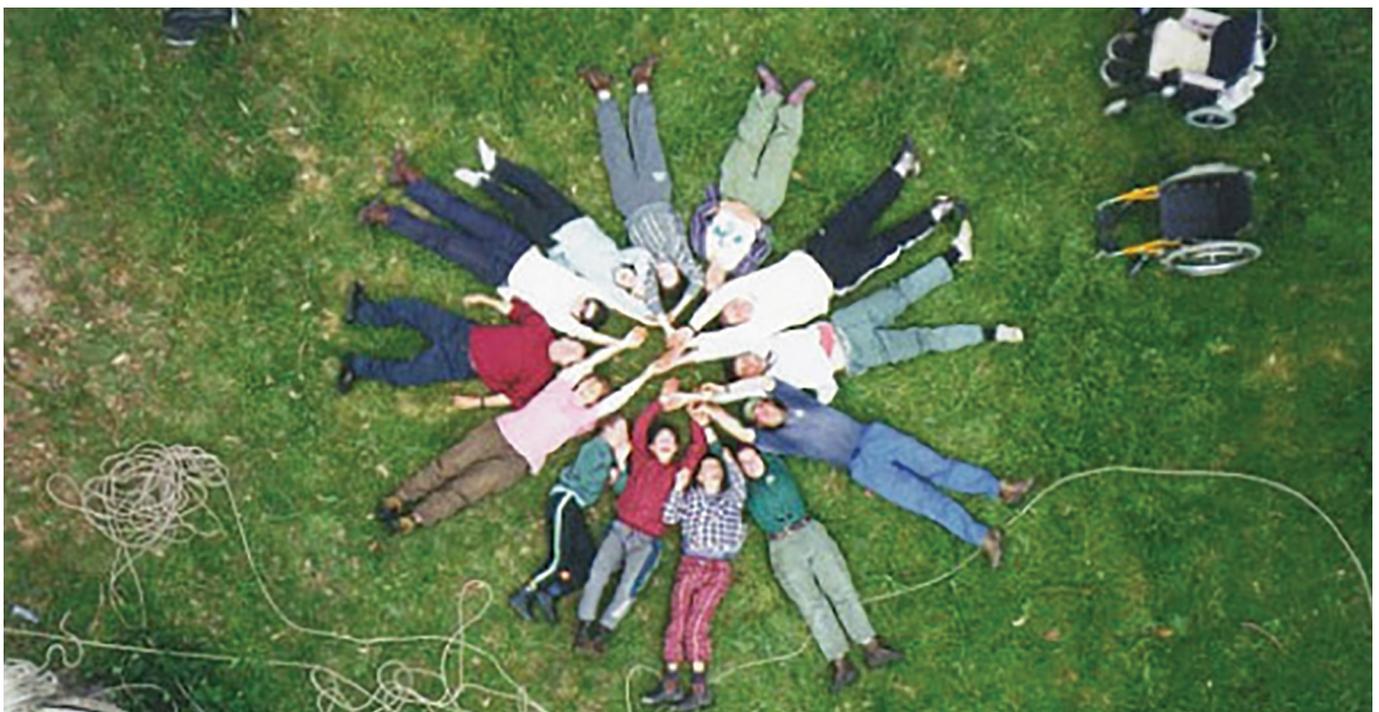
Peer-to-peer relationship

We quickly learned that the following does not work

- Discussing and defining specific mental illnesses was not helpful.
- Stigma around mental illness acted as a barrier for participation e.g. "I'm not mental".
- Reflection by facilitators extremely important.
- Support people may play an important role assisting group members to participate and access the group.
- By focusing on what feelings and behaviours were associated with being well or not well allowed discussion for people who may experience poor mental health, but do not identify with labels of mental health or mental illness.

The evaluations demonstrated

- The value in the use of peer facilitation (someone who had been through the group as a participant, being a co-facilitator of a following group).
- Peer facilitators need support and training.
- Pre group interviews are essential to help develop an understanding of the participant's needs, but also to allow them an informed choice about whether they would like to participate or not.
- Weekly evaluations will work well to give quick feedback about what is working and not working with the group.

References

Jennifer Clegg & Christine Bigby (2017) Debates about dedifferentiation: twenty-first century thinking about people with intellectual disabilities as distinct members of the disability group, *Research and Practice in Intellectual and Developmental Disabilities*, 4(1), 80-97 http://www.tandfonline.com/doi/full/10.1080/23297018.2017.1309987

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