

## CASE STUDY – MENTAL HEALTH AND INTELLECTUAL DISABILITY WEBINAR

**Kyle\*** is a 35 year old single man. He is the eldest of two children, to mother Cheryl and father Silvio. He lives in supported accommodation with 24 hour support provided by the Department of Human Services in outer western Sydney. Since leaving home in his late teens (due to disruptive behaviours at home) he has had little contact with his younger sister. He shares the home with 3 other young men (about 20 years of age). His three co-tenants all have severe intellectual disability, are non verbal and require full personal care. This is his third group home placement in 2 years, with his previous moves arising as a result of his challenging behaviour, which has involved loud and disorganised behaviour at night. At home, Kyle tends to be a loner. He has few interests and spends most of his time watching the TV, often with the sound muted.

During the day Kyle attends an adult day placement service for people with intellectual disability. He catches the bus to the day service independently. His activities include visiting shopping centres and attending art classes. Once a week he assists with a catalogue delivery service in the local area. However, his disorganised and disruptive behaviour is now placing his day placement in jeopardy. Previously he has worked in supported employment, building furniture. However, he lost that job about 18 months ago due to his disruptive and at times aggressive behaviours directed towards both fellow workers and staff.

Kyle attended a special school to grade 6 and was then moved to a mainstream school to grade 10. Since his late teens Kyle has struggled to 'fit in'; and generally has been such a "handful" for his mother. However, Kyle started having particularly angry and unexpected outbursts and exhibiting increasingly difficult social behaviours (for example pushing and shoving peers) over the last two years. When asked why, Kyle often responds "the voices told me to". The Day Program coordinator suspects "mental health problems" and is currently trying to have him seen by the local community mental health service.

Cheryl complains of many sleepless nights when police have called to ask her to collect Kyle from the other side of Sydney in the early morning hours. Early one morning, she received a telephone call from a psychiatric in-patient unit asking her to pick up Kyle who was being discharged within 12 hours of having been admitted late the previous evening. Kyle's mother confides readily in her GP, whom she sees regularly due to her own ongoing physical health problems. Cheryl often talks with her GP about her sadness that she'll never be a grandmother, her fears for Kyle when she is no longer here to look out for him, and her isolation in her current role as Silvio does not engage at all in Kyle's care.

The GP has known Kyle since infancy and reports that their previously good relationship has broken down. Kyle has expressed fears to Cheryl that the GP is out to "get him". Cheryl has been informed from a range of sources (e.g. the discharge nurse at the psychiatric unit) that he has a "mental illness". However she is not aware of any formal diagnosis or any ongoing treatment. Cheryl feels intuitively that something is not quite right with Kyle and further reports that he is becoming more and more distant from her.

What Kyle wants:

- To stay out of trouble
- To sleep at night
- To be happy
- To make and keep friends

What Kyle's mother wants:

- Acknowledgement of the mental illness
- A clear diagnosis and treatment regime, appropriate to Kyle, a person with intellectual disability
- Secure and proper placement with appropriate support in a responsive group home
- Support for Kyle to return to employment
- A chance at an ordinary life for Kyle

\*This is a de-identified vignette.