ABSTRACT

A Comparative Study of Symptoms of Axis I Disorders among school-based Youths with and without the Milder Levels of Intellectual Disability

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This study, conducted across two time periods, examined the occurrence of Axis I conditions in school-based youths with and without intellectual disability in an urban setting in Kingston and St Catherine. The DSM-Oriented Profile Scales of the Child Behaviour Checklist (CBCL), Teacher Report Form (TRF), Semi-Structured Clinical Interview for Children and Adolescents (SCICA) were used in this investigation. Results revealed a significant overall difference in Axis I conditions for both groups of youth. Overall youths with intellectual disability had higher means on more of the Axis I Problem scales than did his or her counter-parts without intellectual disability. The most frequently occurring symptoms were Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD), and Conduct Disorder (CD). These results are consistent with international research and provides further evidence that Axis I symptoms occur more frequently in youths with intellectual disability than in youths within the general population. Surprisingly the results also revealed that there were more females with the combined disorders of ADHD, ODD and CD in comparison to males with and without intellectual
disability. The reverse occurred when symptoms of Affective (AFF), Anxiety (ANX) and Somatic Disorders (SOM) were examined; in this case there were more males with symptoms of the three combined disorders. This finding is a striking contrast to that obtained in literature. Finally an inverse relationship was observed between adaptive functioning and Axis I symptoms. Based on the findings, it is therefore of paramount importance that mental heath services takes in to account the ramifications of having co-occurring intellectual disability and mental disorders in offering psychiatric intervention to this special population.

Keywords: Carole Dawn Mitchell; Intellectual Disability; Axis I conditions; dual diagnosis; youth; developmental psychopathology.