NCI Data Brief

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What does NCI tell us about people with dual diagnosis?

The 2008-2009 National Core Indicators Consumer Survey Report (see www.nationalcoreindicators.org for the full report) provides descriptive and outcome data on 11,569 adults (18 years and older) receiving publicly financed developmental disabilities services in 26 states and four sub-states entities. This Data Brief explores characteristics and responses of individuals who had dual diagnoses of intellectual disability (ID) and mental illness and contrasts them with characteristics and responses of individuals who had a diagnosis of ID only. Of the total respondents for whom both parts of diagnostic information were available (10,120), 35% (N=3,545) had a dual diagnosis of ID and mental illness, while 65% (N=6,575) did not. As a proportion of the total number of individuals responding to the 2008-2009 NCI surveys for whom diagnostic data were available, the percentage of individuals with dual diagnosis varied from 23% in Georgia to 63% in Kentucky.

The results reveal interesting and significant differences in consumer outcomes between individuals with and without dual diagnosis. Additionally, interesting differences were found between the two groups with respect to demographics, medical/psychological information, services received, and supports needed. Unless noted, all differences reported are significant at the $p<.05$ level. At the end of this data brief, observations are listed in order to stimulate discussion about the findings.

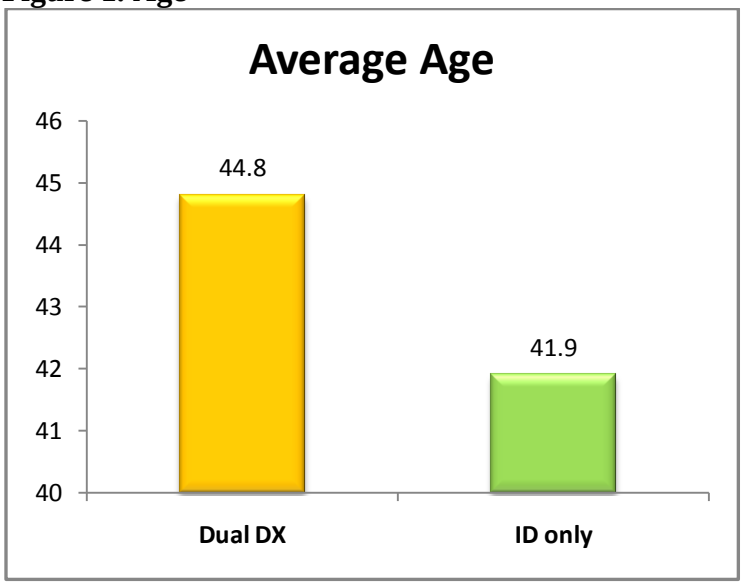
PROFILE

Demographics

The demographics of the two groups were very similar in terms of race, ethnicity, gender, marital status, and type of guardianship. Differences were found to exist, however, in other areas.

Respondents with dual diagnosis were somewhat older, with a mean age of 44.8 years vs. 41.9 years for individuals with ID only (see Figure 1).

Figure 1. Age



As a group, individuals with dual diagnosis were more likely to live in a group home, 39% compared to 26% for those with ID only, and less likely to live in a parent/relative's home, 15% compared to 38% (see Figure 2).

Figure 2. Type of Residence

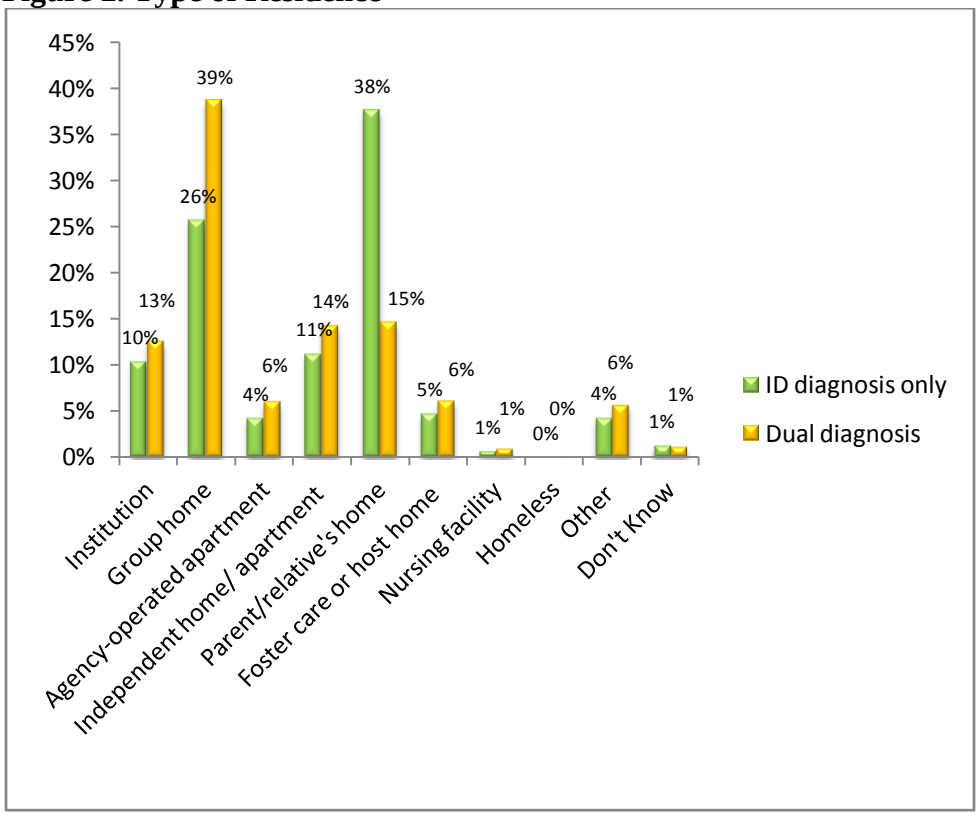


Figure 3 shows that individuals with dual diagnosis were somewhat more likely to speak (84% vs. 71%) and somewhat less likely to use nonverbal communication such as gestures (13% vs. 23%). They were also somewhat more likely to be independently mobile (85% vs. 74%) (Figure 4).

Figure 3. Primary Means of Expression

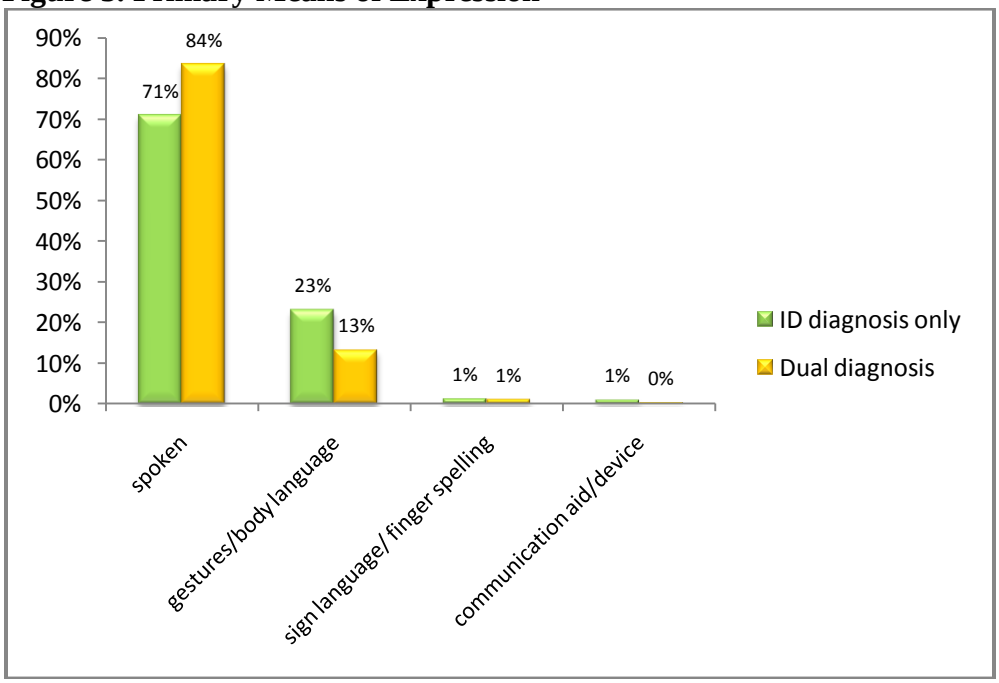
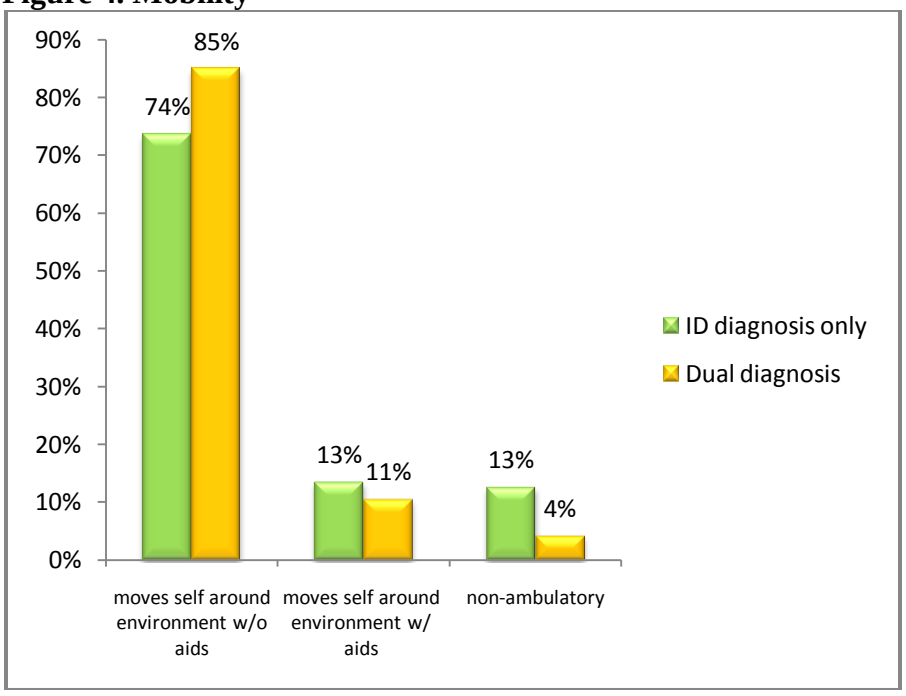
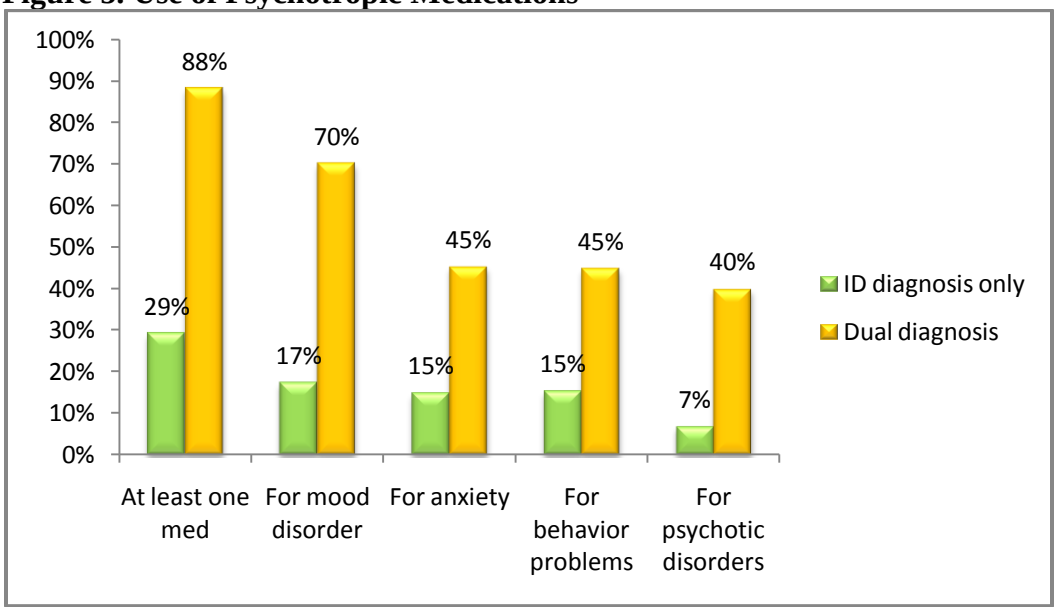


Figure 4. Mobility



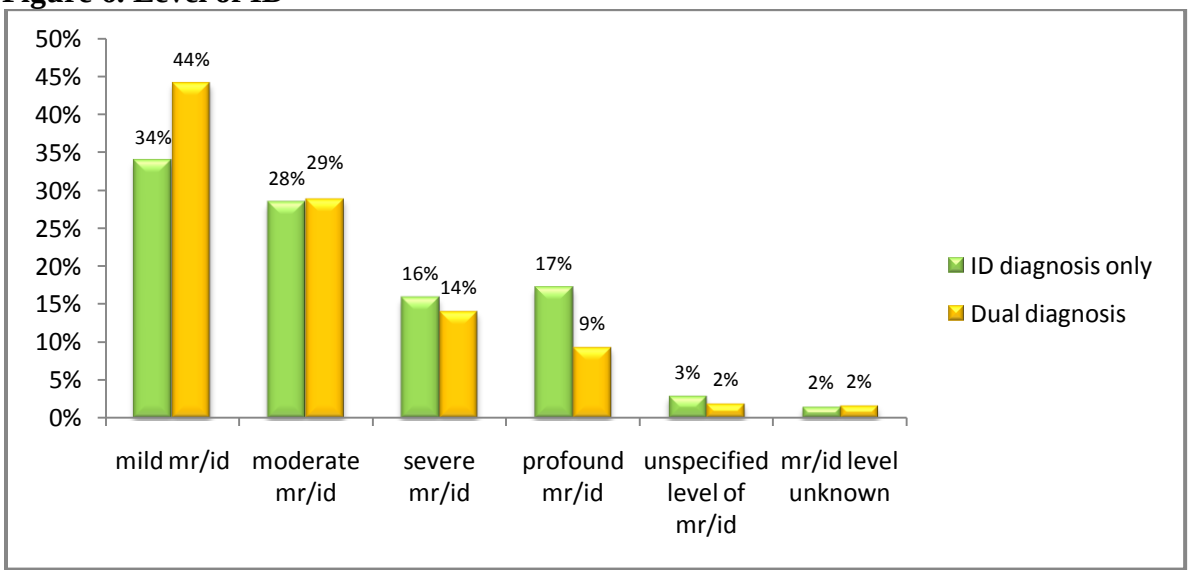
Diagnostic/Psychological Information:
Not surprisingly, people with dual diagnosis were much more likely than people with only ID diagnosis to take at least one kind of psychotropic medication. The biggest difference was in the proportion of people taking medication for mood disorders – 70% of people with dual diagnosis were taking them, compared to 17% with ID diagnosis only. What is more surprising is the finding that 29% of people without a diagnosis of mental illness take at least one type of psychotropic medications. See Figure 5 below.

Figure 5. Use of Psychotropic Medications



Individuals with dual diagnosis were somewhat more likely to have a label of mild intellectual disability (44% vs. 34%) and somewhat less likely to have a label of profound intellectual disability (9% vs. 17%) than individuals with ID diagnosis only (Figure 6).

Figure 6. Level of ID



HEALTH AND HEALTHCARE

There are differences in both health and rates of receiving health care services of people with dual diagnosis vs. diagnosis of ID only. People with dual diagnosis were somewhat less likely to be in excellent or very good health, although the difference was too small to be statistically significant (Figure 7), and were more likely to be overweight or obese (Figure 8).

Figure 7. Health

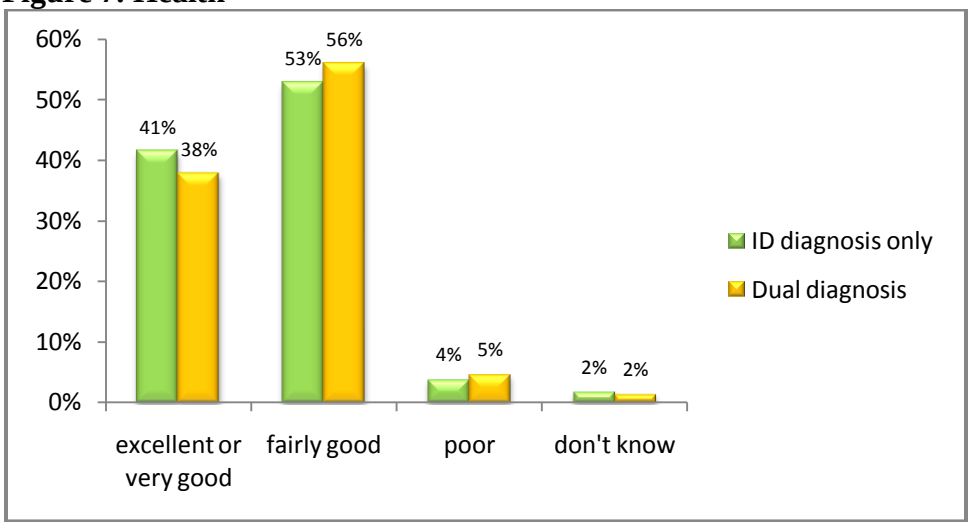
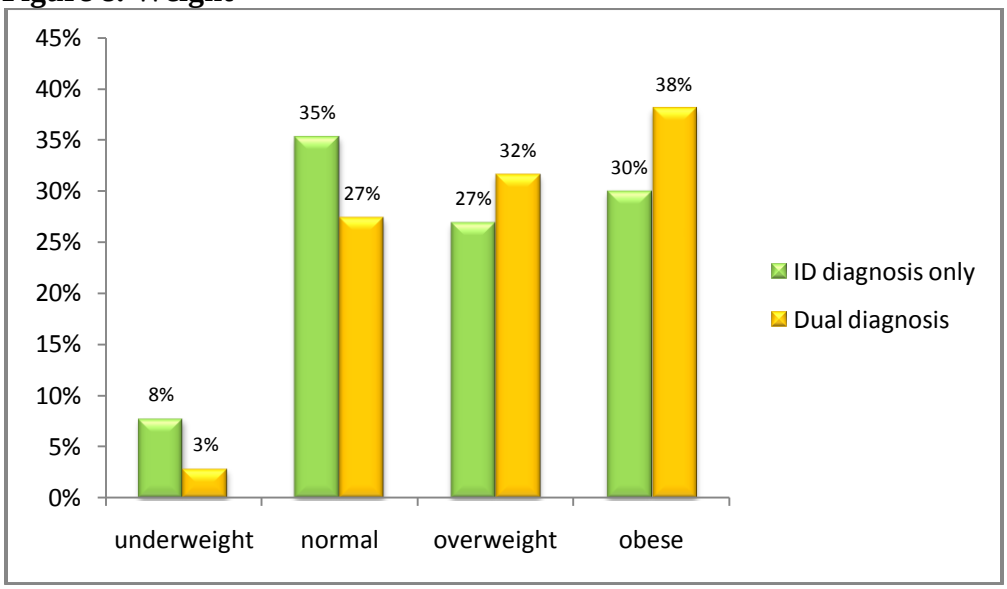


Figure 8. Weight

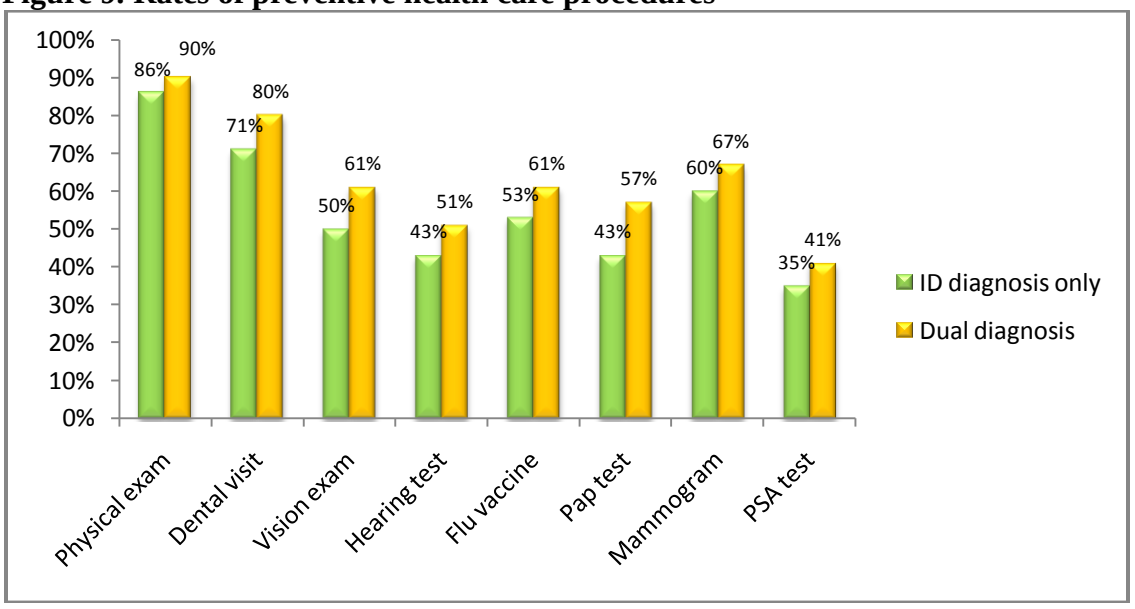


People with dual diagnosis were also more likely to be using tobacco products than people with ID only (13% vs. 5%).

Interestingly, people with dual diagnosis have higher rates of receiving some preventive health care services than people with a diagnosis of ID only. They were more likely to

have had a physical exam in the past year (90% vs. 86%, not statistically significant), a dental visit in the past year (80% vs. 71%), a vision exam in the past year (61% vs. 50%), a hearing test (51% vs. 43%), a flu vaccine (61% vs. 53%), a pap test and a mammogram (women only, 57% vs. 43% and 67% vs. 60% respectively), and a PSA test (men over 50 only, 41% vs. 35%, not statistically significant) (see Figure 9).

Figure 9. Rates of preventive health care procedures



OUTCOMES

Choice outcomes

Persons with dual diagnosis were about as likely to exercise choice in their lives as individuals with ID diagnosis only. There were no significant differences between the two groups in the likelihood of choosing or having input into the choice of where and with whom they live, where they work, the staff who help them at work and at home, their case manager, and what they do in their free time.

Employment

Slightly fewer people with dual diagnosis reported having a job in the community than with ID diagnosis only (22% vs. 27%) and slightly more reported wanting one (45% vs. 41%); however, these differences were not statistically significant. Furthermore, individuals with ID only and individuals with dual diagnosis had similar rates of having integrated employment in their service plan (20% vs. 23%), being continuously employed (80% vs. 79%), and receiving benefits at their job (28% vs. 24%). Individuals with dual diagnosis were slightly less likely to be employed in the food preparation and service industry (16% vs. 21%) and slightly more likely to be employed in the building/grounds cleaning and maintenance industry (34% vs. 28%).

Even though the rates of having a job and enjoying it appear to be similar in the two groups, there are significant differences in their earnings. People with ID only earned $201 on average in the most recent typical two week time period preceding the interview, whereas people with dual diagnosis earned $170 on average; the number of hours worked in the same time period was similar (31.5 and 30.6 respectively). As a consequence, their hourly wage in the community job was lower ($5.81 for those with dual diagnosis vs. $6.40 for those with diagnosis of ID only), as were the rates of earning at or above minimum wage (35% of people with dual diagnosis vs. 43% of people with ID). Furthermore, individuals with dual diagnosis were not employed in their current community job as long as people with ID only (average of 56 months vs. average of 66 months). See Table 1 below.

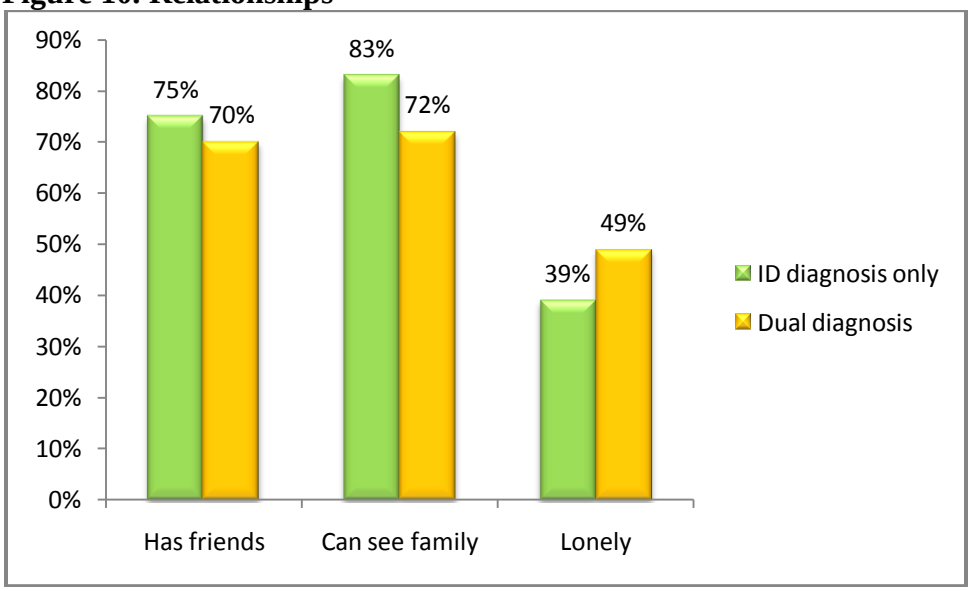
Table 1. Employment (community job)

	Hours worked in two weeks	Amount earned in two weeks	Hourly wage	Earning at or above minimum wage (%)	Length at current job
ID only	31.5	$201	$6.40	43%	66 months
Dual diagnosis	30.6	$170	$5.81	35%	56 months

Relationships

Individuals with dual diagnosis were less likely to report having friends (70% vs. 75%) and being able to see family whenever desired (72% vs. 83%) than were those with ID only. On the other hand, they were considerably more likely to report feeling lonely (49%) than were people with diagnosis of only ID (39%) (Figure 10).

Figure 10. Relationships



CONSTRAINTS AND LIMITATIONS

A comparison of findings between adults with and without dual diagnosis revealed differences among factors such as age, mobility, mode of communication, level of ID, and where the persons lived, suggesting that that some of the differences noted may be explained by factors other than the additional diagnosis of mental illness.

SUMMARY OF FINDINGS

The data gathered through the current NCI Consumer Survey raise important issues. People with dual diagnosis appear to at a disadvantage in terms of the amount of money they earn in community employment and -their relationships with friends and family. Loneliness, an important issue for all people with intellectual and developmental disabilities, is even more of a concern for people with an additional diagnosis of mental illness. Furthermore, while people with dual diagnosis have higher rates of receiving preventive health care services, they are also somewhat less likely to be in excellent health and more likely to be overweight or obese and use tobacco products. Finally, while it is not surprising to find high usage rates of psychotropic medications for people with dual diagnosis, it is somewhat disconcerting that almost 30% of people without a diagnosis of mental illness still receive at least one type of psychotropic medications.

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