

## **Building Strong Minds: Including People with Cerebral Palsy in Mental Health Care**

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### **Short Abstract**

People with Cerebral Palsy (CP) and Complex Communication Needs (CCNs) are more likely to experience mental health concerns than the population of people without disabilities (Australian Bureau of Statistics, 2018; Balandin et al, 2006; Keller et al, 2022; Levy-Zaks et al, 2014; McMorris et al, 2021). They are also less likely to have access to appropriate mental health services (Dark et al, 2011; Di Marco and Iacono, 2007; Watson et al, 2021).

This workshop will aim to provide attendees with knowledge around the unique risk factors people with CP experience related to their mental health. We will also explore the systemic limitations present in the current mental health paradigm and how they can impact people with disabilities. The workshop will present a rationale for the inclusion of people with disabilities in the assessment and treatment of mental health concerns. It will include a review of relevant research that promotes the adaptation of existing psychological therapeutic practices to better suit people with CP and CCNs.

This workshop will provide opportunities for participants to engage with current evidence based practices including breathing and mindfulness, progressive muscle relaxation, and grounding exercises, in order to become familiar with and share these practices with people with CP. Participants in this workshop will also learn strategies to adapt existing mental health assessment tools using Augmentative and Alternative Communication methods, such as Aided Language Displays and PODD books. An example of this process will be discussed, drawing on the Strong Minds model developed by the presenters.

### **Long Abstract**

Communication is a fundamental aspect of the maintenance of mental health and well-being (Watson et al, 2021). The reliance on speech and verbal communication in counselling settings can put people with Complex Communication Needs (CCNs) at a disadvantage when trying to access mental health services (Light et al, 2019). Research has found that 50.2% of people with a disability had a mental health concern (AIHW, 2016), compared to the estimated 17.5% of

the neurotypical population (ABS, 2015). This difference in the rates of mental health concerns is magnified by the relative difficulty of accessing traditional mental health services faced by people with CCNs (Watson et al, 2021; Di Marco & Iacono, 2007). Foley and Trollor (2015) noted that people with CCNs are underrepresented as a group in the accessing of mental health services. Cerebral Palsy (CP) covers a range of permanent physical disorders affecting the development of muscle control, balance and posture. These disturbances in physical development are often accompanied by disturbances in the development of communication, cognitions, behaviours, and perception and sensory issues (Rosenbaum et al, 2007), with Braaten (2018) noting that around 30% of people with CP also have some form of Intellectual Disability.

Balandin et al (2006) noted that feelings of loneliness are attributable to the lack of meaningful communication with peers. Many people with Cerebral Palsy communicate using alternative communication methods, including sign language and key word sign, partner assisted scanning of a Pragmatic Organisational Dynamic Display (PODD) book, and Speech Generating Devices (SGD) (Watson et al, 2021). However, some may lack a trusted or skilled communication partner with whom they can share issues relating to their mental health (Dark et al, 2011). This lack of an appropriate, familiar communication partner is one of the risk factors affecting those with CP and other CCNs. People with CCNs face many other risk factors related to mental health, including lower self-determination, poor social skills, limited social support networks, and a higher incidence of reduced physical health and physical illness (Di Marco & Iacono, 2007).

This workshop will aim to provide attendees with knowledge around these unique risk factors, people with CP experience, related to their mental health. We will also explore the systemic limitations present in the current mental health paradigm. The lack of knowledge relating to Augmentative and Alternative Communication (AAC), and how this impacts people with disabilities. The presenters will also explore the need to improve practitioners' listening skills to include intentional and unintentional multimodal communication. The workshop will present a rationale for the inclusion of people with disabilities in the assessment and treatment of mental health concerns. It will include a review of relevant research that promotes the adaptation of existing psychological therapeutic practices to better suit people with cerebral palsy and complex communication needs.

This workshop will provide opportunities for participants to engage with current evidence-based practices including breathing and mindfulness, progressive muscle relaxation, and grounding exercises, in order to become familiar with and share these practices with people with cerebral palsy. Participants in this workshop will also learn strategies to adapt existing mental health assessment tools using AAC methods, such as Aided Language Displays and PODD books. These strategies improve access to emotional vocabulary for people with CCNs. An example of this process will be discussed, drawing on the Strong Minds model developed by the presenters.

Individuals can only experience and comprehend emotions if they have the language or label for the emotion (Brown, 2021). Inclusive mental health care can only be achieved when all people have access to complex emotional vocabulary. Strong Minds was developed by the authors as a way to introduce people with CP and other developmental disabilities to emotional vocabulary using AAC. Strong Minds is an accessible online survey adapted from the Positive and Negative Affect Scale (Watson et al, 1988) that aims to build the participant's ability to identify, express, and regulate their emotions through communication.

