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MENTALLY DISABLED WOMEN'S PSYCHOLOGY

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Abstract

It is well knowledge that those who suffer from intellectual disability are disproportionately likely to experience mental health issues. Access to proper mental health care is a difficulty for this group of Canadians, just as it is for the general population. As a consequence of this, these people, along with members of their families, are turning to intellectual disability services for assistance with issues related to their mental health. This occurs despite the fact that the staff members at these services do not receive specialized training in this field. According to research, providers of services for people with intellectual disabilities play an essential part in the mental health of the people they serve, are assisting service recipients with a wide array of mental health concerns, and require particular training to do so effectively.

Keyword: Specialized, Group Of Canadians, Mental Health Care,

Introduction

According to data compiled by the World Health Organization (WHO), the global prevalence of mental impairment ranges from 1% to 3%. 1 According to the research that has been conducted, having a family member with a mental handicap can cause emotional, physical, social, and economical strain on the entire family, but notably on the parents because they are essentially the only consistent carers. 2 Due to the fact that they are the major caretakers for their children, the mothers of those children displayed greater signs of psychological distress than any other member of their households. 3,4 The mothers of mentally disabled children showed significantly more psychiatric morbidity and stress than mothers of normal children, but the fathers did not show the same deleterious effect on psychological health. This difference may be related to the different responsibilities that are assigned to child rearing for

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each parent, as the literatures showed that fathers are less involved in caregiving activities. 5-8 According to the findings of certain studies, mothers of children with mental disabilities have an increased risk of developing psychiatric morbidity, which can include symptoms such as sadness, anxiety, and high levels of stress.

According to research conducted in a variety of nations on the parents of children with special needs, between 35 and 53 percent of moms of children with special needs have exhibited signs of depression. 9 This study aims to compare the prevalence of psychiatric morbidity among mothers of mentally disabled children and mothers of non-disabled children in Qatar as well as identify the determinants of psychiatric morbidity among mothers of mentally disabled children. The study will be conducted in Qatar.

This comparative investigation was carried out during the months of January and June of 2005. In Qatar, which is located in the Arabian Gulf and has a population of more than 724,125 people, the research recruited two groups of moms: mothers of children who were not mentally challenged and mothers of children who were mentally disabled. Approximately 90% of Qatar's population lives in Doha. In order to carry out this research, authorization and ethical clearance had to be sought from the Research Committee of Hamad Medical Corporation. Additionally, informed consent had to be gained from each participant in the study. The following inclusion criteria were used to identify research groups comprised of mothers of disadvantaged children attending special education programmes at four different locations in Doha: women who are mothers to at least one kid An estimated 350 million people throughout the world are impacted by depression, making it a major public health risk that is becoming more widespread. According to the findings of the World Mental Health Survey (2011), which was conducted in 17 countries, around one in 20 persons had had an episode of depression. The presence of depressive symptoms is associated with a significant increase in the risk of death from suicide, cardiovascular illness, and other diseases, as well as a decline in cognitive and social functioning. In this regard, the burden of sickness and the economic consequences that are linked with it that are caused by depression are significant.

Researchers have discovered a link between having a physical impairment and experiencing depressed symptoms. People who have a physical disability are exposed to a number of risk factors for developing depressive symptoms, some of which include stereotypical social and personal attitudes, abuse, the loss of roles, and stressors related to poverty, environmental barriers, and/or a lack of access to appropriate health care. There is substantial evidence to suggest that persons who live with physical limitations have at least a threefold increased risk of experiencing depression compared to the general population.

It was postulated that gender may act as a possible mediator of depression. The rising corpus of research that has investigated the link between gender and depression has produced conclusions that have been met with mixed reactions. The findings of a number of studies lend credence to the hypothesis that women are more likely than males to suffer from depression. On the other hand, the findings of a number of other studies suggest that there is no definitive link between gender and depression in older persons.

Many members of Canadian society struggle with getting enough help when they need it most due to a lack of access to appropriate mental health treatments (Canadian Mental Health Association, 2012). Adults who struggle intellectually are not an exception to this rule. This vulnerable demographic is frequently and heavily dependent on the assistance of family members, carers, and paid support workers in many aspects of their lives, including their mental health. This demographic is turning to community-based support organisations to have their mental health needs met in the lack of access through more traditional channels, since treatment for these persons is moving further into the realm of the community (Lunsky, Garcin, Morin, Cobigo, & Bradley, 2007). It's becoming increasingly common for many of these organisations and the people who work for them to be the participants in their programmes' only source of assistance for their mental health and overall wellbeing (Lunsky et al., 2007). Although there is a shortage of specialised training and guidance in mental health illnesses and adequate standards of treatment, this assistance is offered on a daily basis (Rose, O'Brien, & Rose, 2007). My Experience As a direct support worker (DSW) for a community organisation that offers vocational day programming for adults with intellectual disabilities (ID), I have seen how the mental health issues of adults with ID can interfere with their ability to do their job within a supported employment environment, which in turn interferes with my ability to do my job with the organisation. This in turn interferes with my ability to do my job with the organisation. Even though I had extensive training in crisis management, I still had many experiences in which I felt incompetent, confused, heartbroken, and scared because I lacked the skills necessary to support the individuals I worked with while they were going through a mental health crisis.

These feelings occurred despite the fact that I had received the proper training. Employment and engagement in workplace activities can be negatively impacted when a person is struggling with mental illness or has experienced a period of poor mental health.

The majority of people in society are starting to acknowledge this, and businesses are beginning to offer assistance to staff members who are in need of it (Government of Canada, 2016). Persons who have intellectual impairments should have access to the same support,

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provided by the people who are most qualified to do so based on an improved comprehension of the requirements of individual clients. Due to the necessity of assistance, it may be necessary to equip the DSWs and job coaches who deal with these workers with the knowledge and skills necessary to support the mental health and well-being of their clients. During the time that I spent working as a DSW, I was confronted with a number of situations in which a client who I was helping in my professional capacity was dealing with concerns related to their poor mental health or psychological discomfort.

In all candour, it was something that happened every day. On some days, the problems were relatively unimportant, but on other days, they were significant and had a wide-ranging effect on the person's life. There was one specific incident, however, that not only caused me to reflect on a lot of things, but also had a significant influence on me and significantly called into question my capacity to provide vulnerable individuals with these kinds of problems appropriate help. After I had been working here for a couple of years, a guy who had been diagnosed with and treated medically for multiple psychiatric problems for a considerable amount of time suddenly began suffering upheaval in his personal life. Because of his caregiver's advanced age and worsening health, the residential care facility in which he had been a resident for a number of years was closing its doors. You can probably understand how upsetting, frightening, and perplexing this situation was for the person in question. Because of this unease, the person intentionally hurt himself, which resulted in a rather significant injury.

As a result of having conversations with the individual, it became clear that he was also unhappy with his job, which was contributing to the intensification of his anguish. He wasn't interested in any of the work we could find for him, but he didn't want to be unemployed either. When this information was shared with my coworkers and myself, we were all taken aback, worried, and at a loss for words. I can still clearly recall one of my coworkers staring at me and asking, "So, what exactly are we going to do with that?" I was completely at a loss for what to say to her. I was really at a loss as to how to assist him. As job coaches, our primary responsibilities were to assist our clients with the vocational tasks they were given, to assist them in learning and navigating the workplace skills and etiquette, and to encourage their participation in the community.

In addition, we were there to help them with any other aspects of the job that they needed assistance with. We had no clue how to help someone who was going through such severe mental anguish and was so dissatisfied with life. I can still remember how determined I was to make sure that he had a wonderful day, but in reality, all I could offer him was the work site that I was at on that particular day, some words of encouragement, and my presence as a person who cared about him. But I spent the whole day on edge, vigilantly watching for any indications that he was in danger, and I suspect that I was more of a nuisance to him than a source of genuine reassurance. On top of that, since I was so focused on ensuring his safety, the other people I was working with that day did not receive the assistance that I would have typically given to them. This was a significant setback for them. At the end of the day, I was exhausted, and I had the distinct impression that I was wholly inept. I also experienced something I had never experienced before: a lack of confidence in my own talents. That moment was the turning point for me in being resolved to My Educational Background.

I found that as I progressed through the required courses for the School and Counselling Program, I was better able to competently listen to, guide, and support the people I worked with when they experienced mental distress on the job. This became apparent to me as I discovered that I was better able to progress through the courses. My recently acquired abilities in counselling enabled me to actively listen to clients, reflect on their perspectives, and aid them as they worked toward their own understanding and resolution of problems. My understanding of psychiatric problems, their symptoms, and the treatments that are most likely to be successful enabled me to evaluate and approach circumstances in a manner that would be most beneficial to the person with whom I was working. Finally, having a knowledge of the cognitive processes that underlie the way individuals think enabled me to approach each individual with flexibility and direction that was tailored to the client's talents as well as their specific requirements. My earlier lack of sentiments of competency and confidence has been replaced with feelings of competence and confidence as a consequence of the information and abilities that I have received as a result of training in mental health and well-being.

In consequence, I now believe that I am better equipped to do my work, help others in doing their jobs, and feel that I am a better well-rounded support to the population of people who have intellectual disabilities. As a result of these experiences, in addition to the concerns voiced by coworkers, I became interested in conducting more research into the experiences of other social workers who provide support services to persons from this community who are dealing with mental health challenges. When someone you work closely with on a daily basis is going through the grieving process or the heartbreak of unrequited love, it is nearly impossible to ask them to put it aside and focus on the task at hand. This is especially true if you work in an environment where you are in close proximity to this person.

COMMUNITY BASED ORGANIZATIONS (CBOS)

In the context of this study, community-based organisations (CBOs) who receive funding from the Saskatchewan Ministry of Social Services as part of their mission are considered to be those that provide services to individuals who have intellectual impairments. According to the Government of Saskatchewan (2015), there are roughly 85 organisations that are not-for-profit and work in collaboration with the Ministry to provide assistance to persons who have intellectual disabilities. These services are provided to approximately 3,900 individuals (ID). The Rehabilitation Act defines intellectual disability as "a condition of arrested or incomplete development of mind, whether arising from inherent causes or induced by disease or injury." The definition of intellectual disability that applies to these 3,900 people states that intellectual disability is "a condition of arrested or incomplete development of mind, whether arising from inherent causes or induced by disease or injury" (Government of Saskatchewan, 2015). Labels such as intellectual disability, developmental disability, and learning disability are used interchangeably by various scholars, nations, and areas within Canada (commonly used in the United Kingdom). As a direct consequence of this, we will be referring to each of these phrases over the course of our investigation.

DIRECT SERVICE WORKERS (DSWS)

Direct support workers, also known as direct care workers, indirect support workers, or DSWs for short, are the people who are hired by these companies to give services to their customers who have developmental disabilities or other disabilities. As a method of providing support and assistance to persons with ID with many parts of their life, they are engaged to carry out a broad number of duties in the course of their jobs. The state of one's mind The researchers often use a diagnosis of psychiatric condition to define mental health, despite the fact that this definition is extremely variable and difficult to understand on its own (Costello & Bouras, 2006). On the other hand, there is evidence from a number of studies that shows that the same kinds of life experiences can have the same kinds of effects on the mental health of people who have ID as they do on the general population (Cooper, Smiley, Morrison, Williamson, & Allan, 2007). In line with the findings of this research, direct service worker (DSW) experiences of assisting adults with intellectual disabilities with life events such as bereavement, dementia, social issues, medication side effects, or any other issue that may interfere with a person's mental health will be included for the purposes of this study in the definition of mental health issues in addition to the presence of a psychiatric

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diagnosis. This will be done in order to better understand how DSWs can better support adults with intellectual disabilities.

REVIEW OF LITERATURE

Abilities in the realm of friendship, in addition to a knowledge of the ideas, feelings, and experiences of other people. Last but not least, the practical domain assesses a person's capacity to learn and self-manage in a variety of contexts. This domain takes into account a person's ability to care for themselves, manage their finances, handle their job responsibilities, be organised, and control their behaviour, among other skills (APA, 2013). Cognitive functioning, education, motivation, socialisation, career opportunity, medical condition, and mental illness are only few of the aspects that might have an effect on adaptive functioning. As was said before, the amount of personal assistance that a person need may be determined by looking at the skills and capabilities the person possesses within the aforementioned categories (APA, 2013). The degree of help that is provided will also have an effect on the level of expertise that is needed of individuals who provide that support. Intellectual impairment is caused by a number of reasons including genetics, environment, mental state, and physiological make-up.

It is also possible for intellectual disability to coexist with a number of other mental, neurodevelopmental, medical, and physical problems.

(APA, 2013) Prenatal causes include genetic syndromes, inborn errors of metabolism, brain abnormalities, and environmental circumstances; perinatal causes include a range of labour and delivery associated events; and postnatal causes include a combination of both prenatal and perinatal causes (traumatic brain injury, seizure disorders, infections, etc.) (APA, 2013). The manifestation of impairments, behaviours, co-existing disabilities, requirements, and necessary supports is exceedingly diverse since intellectual disabilities are caused by such a wide array of variables that contribute to their development. Due to this, determining an accurate differential diagnosis, conducting an evaluation, as well as developing and delivering suitable tailored support services, is a challenging endeavour.

(American Psychiatric Association, 2013) The individual must fulfil all three of the following characteristics in order to satisfy the DSM-V diagnostic criteria: (1) impairments in intellectual functioning, such as learning from experience, academic learning, problem solving, and abstract learning, as measured through cognitive assessment; (2) impairments in at least one area of adaptive functioning, resulting in an inability to fulfil sociocultural and developmental standards for independence and social responsibility; and (3) the onset of impairments occurs during the developmental period (APA, 2013). In addition to these criteria, diagnoses contain four specifiers: mild, moderate, severe, and profound. These specifiers are determined on the basis of adaptive functioning, which represents the degree of assistance that individual will require over the course of their lifetime. An individual diagnosed with ID may have difficulties adapting in one or more of the following three areas of adaptive functioning: intellectual, social, or practical (APA, 2013).

RESEARCH METHODOLOGY

The following chapter provides the methodology that was used for the current study. Itbegins with a discussion of qualitative research within the constructivist paradigm, which is followed by a brief summary of Merriam’s (2002) basic interpretive qualitative research approach. Following this will be a presentation of the procedures for participant recruitment, data collection, and analysis. Finally, the chapter will end with a consideration of issues regarding ethics and trustworthiness.

QUALITATIVE RESEARCH

The intricacy and complexities of human events may be studied via the use of a wide and diversified methodology known as qualitative research (Marshall & Rossman, 2016). There are a few things that are consistent among qualitative research procedures, despite the fact that there is a large range of approaches to choose from.

Research that is qualitative takes place in the natural world; it is interpretative; it focuses on context; it is changing and emergent; and it draws from a variety of approaches that show respect for the humanity of the people who take part in the study (Marshall & Rossman, 2016). The world and the social processes that occur within it are typically seen as being both complicated and holistic from the perspective of qualitative researchers. They do it in a methodical manner while maintaining sensitivity to their own identities and the ways in which those identities impact and shape the study (Rossman & Rallis, 2003). In addition, qualitative researchers make use of methodical inquiry and reasoning that is intricate, multidimensional, and iterative (Marshall & Rossman, 2016).

In conclusion, qualitative research is frequently predicated on the concept that meaning is socially formed by humans as they interact with the environment, and that reality is not a stable and quantifiable thing (Merriam, 2002). This assumption is illustrative of the constructivist paradigm, which holds that knowledge emerges through the interactions of individuals, and that this knowledge is then co-constructed and evaluated by those individuals

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(Haverkamp & Young, 2007). On the basis of this paradigm, it is acknowledged that the researcher plays a significant part in the process of acquiring new information and gaining a better understanding. Since of this, I played an important part because I used my own experiences and views in the process of comprehending and making sense of the findings of this study.

BASIC INTERPRETIVE QUALITATIVE RESEARCH

Merriam's (2002) basic interpretative qualitative research design was used for this study because of the exploratory character of the project. Basic interpretive qualitative research places an emphasis on several characteristics, some of which are as follows: an emphasis on comprehending the significance of a phenomenon; the researcher as the primary instrument of data collection and analysis; inductive data analysis; and the reported outcome of that analysis as being rich and descriptive (Merriam, 2002).

All of these components were included in the research that was carried out. I was the primary instrument for both the collection of data and the analysis because I was the researcher. Regarding the perspectives and experiences of direct support workers, as well as the results of this study, I did not have any preconceived hypotheses. In addition, the research approach was inductive, which means that all of the data that I gathered was utilised to produce and identify the theme categories, rather than making use of categories that were pre-determined (Patton, 2002). In conclusion, the ultimate goal of the study is to investigate the experiences of direct support workers (DSWs) who assist adults with intellectual disabilities through mental health issues, what they consider to be the scope of their competencies, and the domains or skills in which they believe they require additional training.

This approach made it possible for a clear description of a phenomena to be provided, and the researcher was only required to provide a limited amount of interpretation (Sandelowski, 2000). According to Sandelowski (2000), the goal of fundamental interpretative qualitative research is to gain a complete account of an event in the language that is used to describe that event. Because so little is known at the moment about the experiences of direct support workers (DSWs) while they are assisting adults with ID with their mental health, a fundamental interpretive qualitative methodology was used. This allowed for an investigation and description that was as thick and in-depth as it was possible.

DATA ANALYSIS

The purpose of this chapter is to report the primary findings of the qualitative research study that was conducted, beginning with a basic review of the material pertaining to the participants and then moving on to a presentation of the findings organised thematically. Despite the fact that each participant was given a pseudonym in order to protect their anonymity, several of the participants' direct quotations have been included in this chapter in their entirety, with the exception of filler words such as "like," "right," and "you know," which were removed during the transcription process. This chapter comes to a close with a synopsis of some of the most pertinent results that were utilised in the process of formulating the suggestions that were presented in the previous chapter.

PARTICIPANTS

In total, there were five people that took part in this research. All of the participants were female, and their pseudonyms were Sarah, Tiffany, Amber, Julie, and Brandi. All of the participants were female. Given the large proportion of women to men that are working in this industry, the fact that all of them were females does not come as much of a surprise. Their ages ranged from 23 all the way up to 46 years old. Sarah, Tiffany, and Amber, three of the participants, all work at homes for persons with intellectual disabilities that are located in tiny communities in the Canadian province of Saskatchewan. The occupants of these group homes get a range of care on several fronts, including the personal, the social, and the practical. Job coaching, career assistance, and personal supports are some of the services that Julie offers to persons with intellectual disabilities in a workplace or vocational setting that is located in a very small city within the province. In conclusion, Brandi is employed by an organisation in Saskatoon that helps people living with Fetal Alcohol Spectrum Disorder in a variety of ways, including via the provision of educational, personal, and advocacy assistance (FASD).

The educational and professional experiences of the participants were somewhat varied. At the time that this research was being conducted, Sarah, Julie, and Brandi had all earned their Bachelor of Arts in psychology. In addition, Brandi had completed her education degree after resuming her studies at the institution. Both Tiffany and Amber said that they lacked any sort of formal schooling and that they had obtained all of their training either through the organisations that they work for or through their own efforts to further their careers professionally. As a result, this was a varied collection of individuals who shared a wide range of different experiences. Telephone interviews were made available to participants who lived outside of Saskatoon and gave them the chance to take part in the study. They everyone made their own independent decision to take part in this activity. In-person interviews with

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Brandi took place at the site of her choosing inside the city of Saskatoon. Every single one of the five participants took part in semi-structured interviews, which were then followed by email discussions on the transcripts of those interviews and approval of those transcripts.

The interviews took held between August and October 2016. Recruitment started at the beginning of August 2016 and continued through the middle of September of that same year. The amount of support that was shown for the initiative by a large number of organisations as well as people was remarkable. Every participant voiced their excitement to talk about their own experiences and their conviction that this is an important issue for direct support professionals as well as the people they help. It seemed as though every one of the participants was upfront, honest, and straightforward. They each stated that they were thrilled to participate to this research endeavour and that they wanted to be kept updated about the status of the study.

The accounts of helping persons with ID who were having challenges with their mental health that were provided by the five volunteer participants were examined using a thematic approach. The findings of the study were organised into three significant topical groups that corresponded with the research topics. The terms "challenges," "strategies," and "building competencies" were used to describe these areas. Within these more general categories, we found that there were also three distinct recurring motifs.

The themes that arose under the category of problems were main and secondary impairments, access to necessary assistance, and concerns with staffing. Relationship, empowerment, and "meeting people where they're at" are some of the themes that may be found within the area of tactics. Within the area of increasing competency, the themes that were discovered were having a comprehensive understanding of the client's needs, having a mentor, and continuously improving one's professional skills. A final finding that focused on poor ways for assisting individuals with ID who are dealing with mental health concerns was recognised as the final finding.

THEMATIC CATEGORY 1: UNIQUE CHALLENGES COMMON AMONG DSWS

There is no such thing as a career that is completely free of difficulties, and this is especially true when your main task is to assist other people in overcoming the difficulties that they face in their everyday lives. The five people who took part in this research pointed out numerous elements of their jobs that they consider to be tough, not just for themselves but also for the others they collaborate.

Theme 1: Primary and Secondary Disabilities. During the course of their everyday activities, both the participants in this study and their customers experience a diverse variety of difficulties, as did the participants in this study. Julie explained, "I'm basically in a room with 20 to 30 folks with various impairments. As a result, on a daily basis, we can be dealing with any form of physical and emotional concerns many times over." Julie went on to state: The obstacles may range from the fact that the contestants skipped breakfast and are now ravenous to the fact that a loved one has recently died or is ill. Or perhaps another carer has relocated... To breakdowns in which you are only attempting to determine what the problem is. Therefore, it may be something unimportant, or it may be something that requires a lot of attention.

The difficulties in communication and social interaction that frequently accompany main impairments were highlighted by Sarah, Tiffany, and Amber as being particularly prevalent and problematic for the people with whom they are involved in the helping profession. According to Sarah, the most significant obstacle for both her and her customers is "simply a discrepancy in communication...learning how to connect successfully with each individual." Tiffany and Amber, who both work in the same group home, noticed that the people they help really struggle with being sociable and recognising social signs. Tiffany and Amber both work in the same group home. Amber said, "Some of my participants have no idea how to interact with other people." They did not learn how to interact with others because they were raised in institutions, hence they are socially awkward. Tiffany related the following anecdote to illustrate the challenges faced by one of her clients while interacting with others:

We were out for a stroll when we came across a couple that I was familiar with, so we stopped to chat with them. Every once in a while, both these other two folks and I would find themselves laughing out loud for no apparent reason. I took note of the fact that she did the same thing, but she did it at an entirely inappropriate moment. After a time, I came to the conclusion that all she wants to do is imitate what we are doing, but because she is unsure of the appropriate timing, she just imitates what she hears us doing. The majority of the time, she will just repeat what other people have said. When she does that, it does not look or feel right.

In addition to these difficulties, which are largely a reflection of the primary disability and/or life situation of the individuals, all five participants report that a large proportion of their clientele have also been diagnosed with a mental health disorder or secondary disability. This is in addition to the difficulties described above, which are largely a reflection of the primary disability and/or life situation of the individuals. In point of fact, the presence of both an identification issue and a mental health disorder is considered to be rather typical. Amber explained that "they all developed a mental health problem." It appears to be about average." Participants reported that they had been diagnosed with a variety of mental illnesses, including depression, anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD) (OCD). Brandi, who helps people living with FASD and the carers who support them, offered a thorough account of the challenges faced by her clients in this area, as follows: Concerns regarding one's mental health may fall within the umbrella of secondary disability. Certainly, I would say that includes despair and anxiety being at high levels. When you're experiencing something deep within yourself and Whether it's because you don't know how to communicate it externally through your words or through behaviours, or because what you're expressing doesn't match how you feel, this may generate a lot of anxiety in people. Concerns about my customers' mental health that I had included things like bipolar disorder, schizophrenia, paranoia, and even drug abuse problems at times.

Theme 2: Direct Access to Adequate Supports. The difficulty in gaining and gaining access to proper mental health care for their clients was the second key problem that was mentioned by several of the DSWs who were questioned. Tiffany is dissatisfied with the large number of drugs that the majority of the people she assists are required to take in order to manage the myriad of symptoms and problems they experience. She said, "I understand that they need to be [on medication], but I think even the leadership is quite frustrated with the medical system trying to get the right dosages of certain medications and how they are interacting with others." [I] understand that they need to be [on medication], but I think even the leadership is quite frustrated with the medical system trying to get the right dosages of certain medications In my opinion, that is one of the most aggravating aspects of the job.

Amber's account of a client's appointment with the psychiatrist illustrates her anger with the current state of the healthcare system. "One of them sees a psychiatrist once every three months, and they walk in there and [ask] have you had any incidents?" And this one, of course, [responds] with a negative. They came to the conclusion that she was OK after that. And the answer is a resounding no, she is not! On the way here, she was involved in three separate accidents.

Amber continued by stating that there is a lack of communication as well as respect between those in the medical profession, those who make decisions about the well-being of clients, and those who support them on a daily basis. She provided several stories that were similar to this and provided additional examples. According to her statement, "the most aggravating thing is that nobody questions the support personnel."

Brandi also mentioned that it was difficult for her customers to have access to the services they required, particularly when the services were required in a timely manner. According to what Brandi had to say, "one of the problems is really discovering resources that are accessible, and then waiting for the very lengthy wait list or call backs from individuals." She went on to say that extended wait periods for appointments or call backs from agencies are particularly problematic for people who have memory impairments, such as those that are frequently seen in people who have FASD: Things merely slide through the gaps since there is a good likelihood that the person with FASD forgot that an appointment had been arranged, or that they themselves forgot to call back. It might be difficult to hear someone say, "Okay, but you need to contact us back because of the memory deficits and other difficulties associated with FASD." In many cases, the promised follow-through is not carried out. Because the customer forgets about it. Or they had the impression that they did while in reality they did not.

They failed to grasp the meaning. I had the impression that they were going to get back to me. Consequently, I would say that particular step, which is connecting the dots, might be rather challenging. Brandi continued by saying that she wished mental health services and professionals would provide her clients with brutal honesty and realistic expectations, saying, "when you are calling someone, the professionals need to be actually as brutally honest as they can be." Brandi was referring to the fact that when she was calling someone, the professionals needed to be as brutally honest as they could be. Do not say, "We'll call you right back," if the person who will not be able to meet you for the next three months is going to be able to see you in three months' time. Continued problems with the staff constitute the third main theme.

The third difficulty that was brought up by a few of the people who took part in this research was the problem of staffing. There is a low ratio of employees to clients, there is a lack of sufficiently trained workers available to hire from, and there is a mismatch in techniques taken by staff members as they help customers.

These are all difficulties related to staffing. Julie stated that the amount of participants per staff member at her organisation was a big barrier, which restricts her capacity to deliver the one-on-one assistance that is essential to create connections with the participants. Julie remarked, "I would love nothing more than to just sit down with everyone of them for five minutes...ask them so what are you doing?" But you can't. After that, it seems like all you do is cope with whatever catastrophe happens to arise.

Tiffany and Amber brought up the difficulty of working for an organisation that is based in rural parts of the province as their point of discussion. They work in a group home that is

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located in a tiny town that is quite a distance from a large metropolis. As a result, the leadership has access to a small pool of employees from which to choose. According to what Amber had to say about the situation, "There is no personnel to pull from around here. Nobody wants to commute all the way out here to their place of employment. So, you kinda need maintain your personnel." In a field already notorious for its high rate of employee turnover, the recruitment and retention of skilled and compassionate direct support worker employees in rural parts of Saskatchewan may prove to be an especially difficult task for organisations.

The last staffing problem that provided a barrier for both the Direct Serve Workers (DSWs) and the people that they support was inconsistency in the method that DSWs used to providing support to individuals who have a developmental disability (ID). All three of the women, Sarah, Amber, and Tiffany, shared their opinion that despite the fact that everyone has a different working relationship and style,When it comes to dealing with individuals, having an attitude that is inconsistent when it comes to addressing issues related to mental health and a concentration on establishing an atmosphere that is too regimented are both harmful to those who they are there to serve.

According to Tiffany, this was the most difficult obstacle that the people she worked with needed to overcome: At this moment, I believe there are 11 female employees working at the location where I am now employed. They appear to be divided into two groups: the group that I belong to is striving to be more person-centered, while the other group just does not want to alter the way that they have been carrying out the task. They have been doing it for a significant number of years, and I do not believe that any of us who work there have had official training; rather, all of our education has been received on the job. It seems to me that all they want is for their shift to go off without a hitch, and because of this, they don't want anything to change. They don't want to see things from the perspective of the participants, and they may be rather controlling. They don't want to see things from the participants' point of view. Therefore, it seems to me that the participants have a more difficult time when specific people are working. This is something that I have observed.

Amber reiterated these concerns and went on to elaborate on the detrimental effects that this disparity has on the people who live in the house: What I've found is that they are aware of who is working each shift, as well as what is permitted and what is not permitted between shifts. They are able to shut down their disruptive behaviours when they are around staff members that have a higher level of discipline and organisation. They simply continue working their shift or spending their time with that staff member as normal. And most of the

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time they remain hidden in their room. During those shifts, there is a greater potential for an incident to take place.

In addition, Sarah, who worked in a different group home in a rural area, expressed the importance of having staff members be consistent in their approach to issues pertaining to mental health:...we have one staff in the home so everyone has a different approach, but it's hard for the individual when you have a different staff that's telling you to do this and telling you to do that. Therefore, we should all be operating with the same resources and be on the same page.

In contrast to these experiences, Julie, who worked in a vocational context, did not see the benefit in staff being constantly consistent in their approach to individuals they help. She felt that it was more important for staff to adapt their behaviour to the individual they were supporting. Julie explained her viewpoint by saying, "Because life doesn't always go the way you want it to... Things take place from time to time. Things may and do shift from time to time. And in addition to that, they need to be capable of... Therefore, I'm not a huge fan of maintaining consistent techniques in the workplace. She continued her explanation by saying, "you can have everything you want."you may have as much consistency as you want, but it also relies on the sort of mood people are in on a day-to-day basis."

It is essential to take into account that Julie underlined that consistency was not always useful when it came to the behavioural manifestations of the persons she dealt with, and this point has to be brought to your attention. She did not indicate precisely how or whether she believed they could help with regard to the mental health or issue that was behind that behavioural manifestation. She also did not state explicitly how she felt they might help.

CONCLUSION

The focus of this study's three research questions was on the difficulties experienced by persons living with ID and the DSWs who provide assistance for them. In specifically, the purpose of this study was to investigate the difficulties that clients have with mental health issues, the approaches that DSWs use in order to provide assistance, and the level of preparation that DSWs have in order to provide such services. The perspectives and experiences of the DSWs were analysed, and then categorised according to one of three overarching themes: developing competency, strategies, and challenges. Then, inside each of the thematic categories, a total of three themes were determined to exist. Within the area of obstacles, the topics of main and secondary impairments, staffing concerns, and access to suitable services were highlighted as creating challenges to both Direct Assist Professionals

(DSWs) and the people whom they support. Relationship, empowerment, and "meeting them where they are at" are the three overarching themes that emerged as a consequence of the category of tactics. In conclusion, increasing competency encompassed the aspects of having a comprehensive client understanding, having a mentor, and continuing professional growth. According to the findings of this study, direct support workers in Saskatchewan often assist persons with ID with difficulties related to their mental health, despite the fact that they do not get training to do so. Despite this, the people who took part in this study have developed techniques that, in their opinion, make it possible for them to successfully assist the people they support with the mental health difficulties they face. They also selected areas of training that they believe will assist direct care workers feel more confident and competent in their abilities to provide the supports that their clients require. The relevance of the present investigation rests in the fact that by gaining a knowledge of past experiences, we will be able to provide improved procedures and more protection for those in society who are more vulnerable.

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