



Policy Recommendations to Increase Support for Individuals with Mental Illnesses and Intellectual/Developmental Disabilities

Individuals with intellectual/developmental disabilities (IDD) are five times more likely to have mental illnesses (MI) than the general population. However, services focusing on both types of health conditions are rare, and very few healthcare providers are trained to recognize and effectively treat them. Education is needed to build a comprehensive system of care to provide all the clinical and support services this population, as well as their family members and other caregivers, requires and deserves. A continuum of support is necessary for individuals to achieve the highest possible quality of life.

Below are policy recommendations and a brief description of each to inform educational efforts. The New Jersey Governor's Council on Mental Health Stigma developed this information based on expertise from behavioral healthcare and IDD service providers, as well as individuals with loved ones who have these health conditions.

Build a Full, Equal Continuum of Integrated Care Services and Increase Access to Them

Services must include therapy for MI, as well as substance use and gambling disorders when needed; case management; partial care; and step-down programs, as well as primary care, to effectively address the complexity of issues that are common in this population. As many with MI and IDD are Medicaid beneficiaries, insurance plans need to cover all the services noted above and any others individuals may need. To achieve these goals, shared leadership across the state's IDD, behavioral health and medical systems must be established and reinforced. In addition, more resources are needed in schools to serve students with MI and IDD, including referrals to clinical and other service providers.

Expand and Strengthen the Workforce

Cross-disciplinary training must be mandated for providers at every level in both the IDD and behavioral health fields, as well as medical students and others working toward healthcare careers. The training must cover use of the most appropriate tools, and some of these, such as the New Jersey Comprehensive Assessment Tool, need to be redesigned to accurately identify, diagnose and prescribe mental health services for individuals with MI and IDD.

Career pathways to credentialed positions focusing on individuals with both MI and IDD need to be created through new curriculum offerings at colleges and universities. In addition, state licensing bodies need to establish new credentials.

Funding is needed not only for the individuals' training and education, but also for when they are working as dual-diagnosis specialists. Advocacy is needed from all stakeholders to prevent or reduce cuts in funding from state and federal sources.

Expand Jail Diversion and First Responder training

Since systemic gaps in services and a lack of understanding of individuals with MI and IDD often lead to people being wrongfully arrested — and these situations are often traumatizing and lead to exacerbated symptoms — law enforcement officers and other first responders need education and training. In addition, appropriate diversion options are needed. The Dual Diagnosis Community Care Team model is effective and needs to be expanded. They are not just treatment teams; they work to prevent crises and serve as stabilization hubs. They work directly with police, courts, prosecutors, etc. to ensure people are treated as people in need, not as criminals.

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Provide Resources and Support for Families of Individuals with MI and IDD

Family involvement is essential to maximize opportunities for health, wellness and meaningful lives for their loved ones who have MI and IDD. Support is also needed for family members and other caregivers, as they often feel overwhelmed with the tremendous responsibilities they have and the limited resources available for them. Caregivers need education about resources — such as the New Jersey Division of Vocational Rehabilitation Services and Division of Developmental Disabilities — linkages to them and guidance on navigating the services these entities provide. Training and support are also needed in a range of skills, such as patience, stress management and other self-care techniques, to most effectively serve their loved ones while maintaining and strengthening their own well-being. Helpful services include bereavement support groups and education on family dynamics.

Sustain and Increase Education about Stigma to Ultimately Eliminate It

To achieve these goals, education about stigma must be expanded to everyone — individuals with MI and/or IDD, their family members, service providers, elected officials, policymakers, funders and the general public — because if stigma persists, existing barriers will continue and additional ones may inadvertently be created. Education is the best way to eliminate stigma and prevent it from developing in the first place.

The lived experience of individuals with MI and IDD and their families must be elevated in the development of policies, education and training programs, and clinical and support services. Advocacy on the local, state and national levels is needed by everyone who is directly and indirectly affected by the need for and gaps in services in order to build a system that meets everyone's needs and maximizes their opportunities for healthy and meaningful lives.