

Policies and practices for effective care and treatment of individuals with developmental disabilities and mental health needs

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Lets review what we have learned

"The measure of intelligence is the ability to change."

~ Einstein

Community Mental Health Acts of 1963

- Federal shift from institution based care to community based care
- Separate system for Primary Medical and MR system, people viewed as have very specific primary needs
- As the population became more “diverse” shifted from mental health to behavioral health to incorporate substance use disorders

Expectations of CMH ACT

- Expectation was that people with DD would be served as needed but no public policy until recently where ASD population has been included in federal policy
- Mission of the community mental health acts were never realized due to basic flaws in the policies and lack of support to shifts in practice

Biopsychosocial Model Engel, 1977

- The **biopsychosocial model** (abbreviated "BPS") is a general model or approach stating that biological (physical make up or condition) , psychological(thoughts, emotions, level of development, communication) and social (socio-economic, environmental, cultural experiential influences) significant role in human functioning in the context of disease or illness.

Bio-psycho-social cont.

- Health is best understood in terms of the context of these combined factors rather than purely biological terms.
- Used in mental health and humanistic psychology, family systems and other practices
- Applied assessment of people with IDD and challenging behavior (Gardner)
- Contradicted the premise of the Mental Health Act of separation of systems of care

IDD and Mental Health Conditions

- Across the United States approximately 1.5% to 2.5% of the population has an intellectual developmental disorder (IDD).
- The (DSM5) defines IDD as a disability that involves impairments of general mental abilities that impact adaptive functioning in three domains, or areas.
- These domains determine how well an individual copes with everyday tasks.

Mental health Conditions

- Epidemiological studies have established that the incidence and prevalence of mental health conditions for people with IDD is typically 2 to 3 times that of the general population
- and that these mental health conditions often contribute to challenging behavior. For people with IDD, aggression and self-injurious behavior are two of the most common reasons for referrals for mental health services.

Executive functioning/self regulation skills

- Executive functions are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks
- the brain needs this skill set to filter distractions, prioritize tasks, set and achieve goals, and control impulses.

Executive Functioning

- depends on three types of brain function: working memory, mental flexibility, and self-control. highly interrelated.
- Each draws on elements of the others, and the successful application of executive function skills requires them to operate in coordination with each other.

Executive Functioning

- Working memory governs our ability to retain and manipulate distinct pieces of information over short periods of time.
- Mental flexibility helps us to sustain or shift attention in response to different demands or to apply different rules in different settings.
- Self-control enables us to set priorities and resist impulsive actions or responses.
- Compromised brain development can undermine executive functioning
- High levels of anxiety can compromise executive function

Executive function development

- Skills begin to develop shortly after birth, with ages 3 to 5 providing an important window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline later in life.
- **Children aren't born with these skills—they are born with the potential to develop them.** If children do not get what they need from their relationships with adults and the conditions in their environments—or (worse) if those influences are sources of toxic stress—their skill development can be seriously delayed or impaired.

The role of Trauma

- Adverse environments resulting from neglect, abuse, and/or violence may expose children to toxic stress, which disrupts brain architecture and impairs development of executive function.
- People with ID have compromised brain architecture, combined with environmental influences can have poor executive functioning skills
- Increases the likelihood of trauma related problems

Other contributing factors

- Genetics (includes increased likelihood of depression, anxiety, psychosis)
- History of trauma, loss, exclusion
- Communication difficulties/ social isolation
- Chronic health conditions, chronic pain



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Seeking treatment

Problems with Most ID/DD Systems (1988):

- "Troublesome" behaviors considered unacceptable in many support and service venues
- The last and least served
- Continued concept of "primary" vs. "secondary" disorders: were not trained in MH or health practices that could contribute to challenging behavior were sent to be "fixed"

Problems with the MH System (1988)

- Stigma
- Much more likely to use emergency services
- Lack of training (diagnostic overshadowing)
- Lack of expertise
- Medication issues
- Believed that challenging behavior was a result of developmental issues alone
- “ Did not have the IQ for depression”
- Primary vs secondary diagnosis instead of presenting issue

World Health Organization research to improve performance (2000, 2002)

- Integration of health and social services
- Stop blaming the patient, attend to failures in the system
- Integrated approaches are key
- Capacity building is essential
- Policy makers must focus on the interplay between health systems
- Defining a health system as to include all activities whose primary purpose is to promote, restore or maintain health, the main message health and well being of people depends critically on the performance of the health system.

Tertiary WHO Approach

- Primary: Capacity building; communication and collaboration, improved quality services and quality of life; accountability
- Secondary: Expertise, access to appropriate care, cross systems communication; crisis prevention; accountability
- Tertiary: Expertise, appropriate response, stabilization, intervention; accountability

Public Health Model & START: Numbers Benefitting from Intervention

System gap analysis, workforce development and identification of risk factors

Primary Intervention:

Effective Strategies: 'Changing the Odds'

Secondary Intervention:

Improved Supports: 'Beating the Odds'

Tertiary Intervention:

*Accurate Response:
'Facing the
Odds'*

Potential
impact of
intervention

Required
intensity of
intervention

Reflective Inquiry and Assessment

"If I had an hour to solve a problem I would spend 55 minutes thinking about the problem and 5 minutes thinking about the solution."

~ Einstein

Health home defined in section 2703 of the Affordable Care Act (2013)

- a) Shift from episodic acute care to health management
- b) Coordinated care for individuals with multiple/chronic conditions including mental health and substance use
- c) Team based clinical approach includes service users, family members, and providers
- d) Linkages to community supports and resources enhances integration of primary and mental health care
- e) Support Innovations that support and test this approach

Approaches that work

- Use of multiple modalities to diagnose and treat
- Trauma informed approached
- Positive, strength based interventions



