Disability Rights California

California's Protection & Advocacy System

Toll-Free (800)776-5746

www.disabilityrightsca.org

WELLNESS • RECOVERY • RESILIENCE

Stop Segregation of People who have both Mental Health and Developmental Disabilities

1. Is Mental Illness Prevalent among Persons with Developmental Disabilities?

Yes. A number of reliable sources, including the American Psychiatric Association and National Association of the Dually Diagnosed ("NADD"), report that the incidence of mental illness in persons with a developmental disability is three to five times greater than the general population.[i] Studies from reliable sources indicate that at least 20 to 25% of persons with mild to moderate developmental disabilities and nearly 50% of persons with severe or profound developmental disabilities have a co-occurring mental illness.[ii]

2. Why is Mental Illness Prevalent among Persons with Developmental Disabilities?

The causes of the disproportionate occurrence of mental illness in persons with developmental disabilities are not fully understood, but several factors have been identified as contributing factors. Persons with developmental disabilities generally experience negative social conditions throughout their life span that contribute to emotional distress. These negative social conditions often include segregation, stigmatization, bullying, abuse, and the lack of acceptance in general, and can result in or exacerbate mental illness.[iii] Persons with developmental disabilities may have limited coping skills associated with

language difficulty, inadequate social supports, and a high frequency of central nervous system impairment, and this contributes to their vulnerability for developing mental health disabilities.[iv]

3. Are Mental Health Disabilities Under-identified in Persons with Developmental Disabilities?

Yes. NADD reports that mental health disabilities are often overlooked in persons with co-occurring disabilities.[v] California Department of Developmental Services ("DDS") data indicates that 10.35% of people in the DDS system have been identified as having a co-occurring mental health condition. This data, when compared to the national statistics showing a 20% to 50% or higher prevalence of co-occurring developmental disability and mental illness, indicates that there are statewide impediments to recognizing co-occurring developmental disabilities and mental health disabilities.

4. Why are Mental Health Disabilities Under-diagnosed in Persons with Developmental Disabilities?

Mental illness is often considered secondary to developmental disabilities. Professionals may be pressed to assign or feel a need to assign a "primary" diagnosis and generally focus on intellectual functioning, ignoring the psychiatric problem altogether.[vi] Mental health and health professionals often do not have sufficient training to differentiate mental health symptoms from signs and symptoms associated with developmental disabilities.[vii]

5. What is the Impact of Failing to Timely Identify and Address Mental Illness in Persons with Developmental Disabilities?

Failure to timely access mental health and other health services can have a devastating impact on the quality of life and liberty of persons with co-occurring developmental and mental health disabilities. Persons with dual diagnosis have a high rate of homelessness, institutionalization, and incarceration. [viii] For example, data collected by DDS shows that 60% of the people who are in state developmental centers have co-occurring developmental and mental health disabilities.[ix]

6. Is Unnecessary Segregation of Individuals with Co-Occurring Developmental Disabilities and Mental Illness Unlawful?

Yes. In the landmark case of L.C. v. Olmstead, brought by two women with co-occurring developmental disabilities and mental illness who were confined in a state hospital, the United State Supreme Court held that the Americans with Disabilities Act guarantees individuals with disabilities the right to receive public services in the least restrictive setting for their needs.[x] In addition, the stated purpose of the Lanterman Act is to provide services and supports to individuals with developmental disabilities in the least restrictive environment.[xi]

7. What should Regional Centers and County Mental Health Agencies do to Eliminate Discriminatory Segregation of Persons with Co-occurring Developmental Disability or Mental Illness?

A long-term barrier to the treatment of mental illness in persons with intellectual disabilities has been the tendency for the administration and funding of mental health and developmental disability services to be kept separate.[xii] This is sometimes referred as "silo funding." This type of funding system often results in systems pointing fingers and asserting that the individual has a "primary" disability that falls within the responsibility of another agency.

This ping pong approach to service delivery, as it is sometimes referred, has contributed to the high rates of institutionalization and stigmatization of people with co-occurring disabilities.[xiii] There is no legal basis for denying mental health services to individuals who otherwise meet eligibility criteria for Medi-Cal mental health managed care on the grounds that they have a "primary" diagnosis that is the responsibility of another agency. To the contrary, the Medi-Cal mental health managed care specifically provides that when an individual has both a covered mental health diagnosis and a no-covered diagnosis, such as a developmental disability, county mental health programs must provide services to address the impairments related to the covered mental health diagnosis.[xiv] In order to achieve community integration, regional centers and mental health agencies need to embrace their responsibility for serving all individuals who meet the eligibility criteria for the services they provide.

Another critical ingredient is to increase communication and collaboration between regional centers and mental health agencies, and other agencies that provide services to people with mental illness and developmental disabilities,

such as local educational agencies and departments of social services. Although the Lanterman Act provides that each regional center and county mental health agency have memorandum of understanding to address such issues as crisis intervention and coordinated services delivery, these MOUs have had only limited success in increasing cooperation between these two entities.[xv] The National Association of State Directors of Developmental Disability Services (NASDDS) conducted a study of states that require interagency agreements to ensure interagency collaboration to address the needs of persons with co-occurring mental health disabilities and developmental disabilities. NASDDS found that often formal MOUs were not effective in ensuring collaboration. As acknowledged by NASDDS, formal written MOUs are no substitute for regular communication and mutual commitment to collaboration and pooling resources towards the goals of community integration for people that they mutually serve.[xvi]

In order to improve collaboration and improve services delivery it is necessary for mental health agencies and regional centers to directly address the pervasive stigmatization of individuals with mental illness and developmental disability that permeates both systems and the community as a whole.[xvii] This stigma or preconceived negative imagery significantly harms the ability of both service agencies to communicate and interact with each other and individuals with co-occurring developmental disability and mental illness and each other.[xviii]

Increased training to health and mental health providers and administrators in the recognition, evaluation, and treatment of co-occurring mental health and developmental disabilities and cross-systems collaboration is also needed. [xix] Training should also address the existence, impact, and elimination of pervasive stigmatization of persons with mental illness and developmental disabilities between mental health agencies and regional centers, and society in general.[xx]

8. Are there Resources Available to Help Regional Centers and Mental Health Agencies Recognize and Address the Needs of Individuals with Co-Occurring Mental Illness and Developmental Disabilities?

Yes. There are a growing number of resources specifically designed to assist health and mental health providers in recognizing and addressing the needs of this population. NADD recommends and makes available a number of resources on its website: the Nadd.org. The MH/DD Collaborative is a task force of representatives of California agencies, including regional centers, focusing on

individuals with developmental and mental health disabilities. The MH/DD Collaborative keeps track of many of the training, treatment, and placement models for people with co-occurring disabilities. More information about the task force, including task force minutes, can be found at https://dds.ca.gov/HealthDevelopment/MHSA Collaborative.cfm. In addition, Mental Health Services Act (MHSA) has provided funding to implement training to clinicians and other professional to improve and care and expand community capacity for people with co-occurring developmental and mental health disabilities. Information about these trainings and about how to obtain funding for such trainings is available on the DDS website under the Mental Health Services Act link.

---

[i] American Psychiatric Association (2000) Diagnostic and Statistic Manual of Mental Disorders-TR (4th edition.)
[ii] Mental Health Special Interest Group of International Association for the Scientific Study of Intellectual Disabilities (2001) Addressing the Mental Health Needs of Persons with Intellectual Disabilities, Report.
[iii] The Other Dual Diagnosis: Intellectual Disability and Mental Illness, *NADD Bulletin, Volume X, Number 5* (2007).
[iv] *Id.*
[v] The Other Dual Diagnosis: Intellectual Disability and Mental Illness, *NADD Bulletin, Volume X, Number 5.*
[vi] *Id.*
[vii] Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illness, *Nat'l Association of State Mental Health Program Directors* (2004). www.nasmhpd.org
[viii] *The Importance of Integrated Services in a Downturned Economy, NADD Bulletin, Vol. XII, Number 4* (2009).
[ix] https://dds.ca.gov/FactsStats/Quarterlreports.cfm.
[x] *L.C. v. Olmstead,* 527 U.S. 582 (1999).
[xi] Welf. & Instit. Code § 4502(a).
[xii] Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illness, *Nat'l Association of State Mental Health Program Director*. www.nasmhpd.org
[xiii] http://www.aamr.org/content_151.cfm?navID=37
[xiv] 9 Cal. Code of Regs. § 1830.205.
[xv] Cal. Welf. & Inst. Code § 4696(b).
[xvi] The Importance of Integrated Services in a Downturned Economy*, NADD Bulletin, Vol. XII, Number 4.*
[xvii] Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illness, *Nat'l Association of State Mental Health Program Directors*. www.nasmhpd.org
[xviii] *Id.*
[xix] The Other Dual Diagnosis: Intellectual Disability and Mental Illness, *NADD Bulletin, Volume X, Number 5.*
[xx] Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illness, *Nat'l Association of State Mental Health Program Directors*. www.nasmhpd.org

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: http://fs12.formsite.com/disabilityrightsca/form54/index.html

Spanish version: http://fs12.formsite.com/disabilityrightsca/form55/index.html

The California Mental Health Services Authority (CalMHSA) *is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.*