Stigma Has Negative Impact, Especially on Individuals with Co-occurring Conditions

Deborah M. Spitalnik, PhD
Founder and former Executive Director of The Boggs Center on Developmental Disability and Human Development

Experiencing stigma for any reason, such as having a mental health disorder, prevents individuals from seeking treatment or other support because they feel shamed and embarrassed. For individuals who have intellectual or developmental disabilities (IDD) as well as mental illnesses, the stigma is two-fold.

"Stigma has always been a huge issue for people with IDD. This is clear in outmoded, stigmatizing earlier clinical terms, such as 'mentally deficient' and 'mentally retarded'," said Deborah M. Spitalnik, PhD, Founder and former Executive Director of The Boggs Center on Developmental Disability and Human Development at Rutgers Robert Wood Johnson Medical School.

Language is one part of stigma and, along with a lack of education of professionals, it affects individuals' perspectives and actions towards those with IDD and mental illnesses. "This is compounded as we trip over ourselves with language. What mental health means in the traditional behavioral and mental health community is different from what is meant by behavior disorders and behavioral intervention in the developmental disabilities community, particularly for those on the autism spectrum," according to Dr. Spitalnik.

New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All
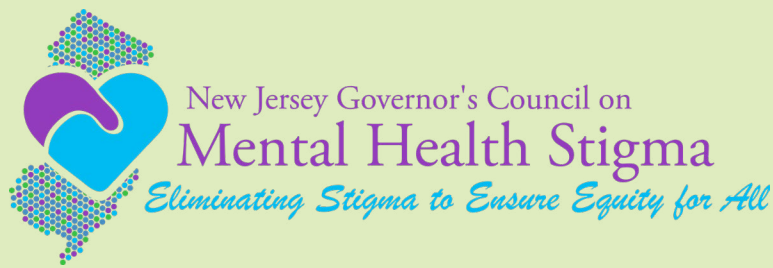
Dual–Diagnosis: A Vision for Better Mental Health Care for the IDD Population

The New Jersey Governor's Council on Mental Health Stigma invites you to a virtual Learning Collaborative on Zoom to discuss ideas for developing new mental healthcare services for persons with intellectual/developmental disabilities (IDD).

DATE
May 14, 2025

TIME
10:00 am – 11:30 am

SCHEDULED SPEAKERS:

Cathy Chin
Executive Director, Alliance for the Betterment of Citizens with Disabilities (ABCD), will share current advances in advocacy for this population.

Dr. Daniel C. Balboni, PsyD
Matheny Medical and Educational Center, will outline a vision for a new specialization to train more clinicians to serve the IDD population.

Small groups, including you, will answer, "What does your organization or community need in terms of better and more appropriate mental healthcare services to serve the IDD population?"

TO REGISTER:

njamhaa.site-ym.com/events/
EventDetails.aspx?id=1935990

FOR MORE INFORMATION, CONTACT:

Cynthia Chazen, Coordinator of Community Outreach and Partnerships
New Jersey Governor's Council on Mental Health Stigma
✉ cchazen@njamhaa.org

NEW JERSEY
PROUD TO BE
STIGMA-FREE

Message from the Chair

From the time I joined the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) 30 years ago, I recognized the importance of treating people with dual diagnoses of intellectual/developmental disabilities (IDD) and mental illnesses (MI) equally and respectfully, and representing them in our advocacy. We created an IDD/MI practice group and advocated for improved, expanded access to comprehensive services that address clinical and social needs, as well as opportunities for education and meaningful employment.

Through my role at NJAMHAA, I have consistently highlighted the need for, and importance of, a full continuum of services in hospitals and communities to appropriately and fully serve this population. This has always been and continues to be an area needing focus, given the limited access to appropriate services for individuals having both IDD and MI diagnoses.

Individuals with IDD and/or MI are often not able to express what they need and are experiencing, and this can complicate making valid diagnoses. This edition of *Stopping Stigma* features clinicians and advocates' expertise on what the IDD/MI population and the behavioral healthcare workforce need to build individuals' ability to thrive in all aspects of their lives.

Personally and in a variety of professional roles, through working on coalitions and with families of individuals with IDD and MI, I have worked to raise awareness of this issue. For decades, I served on Disability Rights New Jersey's Protection and Advocacy for Individuals with Mental Illness Committee, and my team at NJAMHAA and I are actively involved with the New Jersey Developmental Disabilities Council and its Legislative Disability Caucus, as well as other stakeholder groups serving those with IDD. I am extremely pleased that the New Jersey Governor's Council on Mental Health Stigma provides me greater opportunities and an extended dedicated team to focus on the needs of this population while working to eliminate stigma that adds barriers to accessing appropriate care.

I strongly urge everyone to learn more about the IDD/MI population and how to best serve them by participating in the Council's Stigma-Free Zone Learning Collaborative's webinar, *Dual Diagnosis: A Vision for Better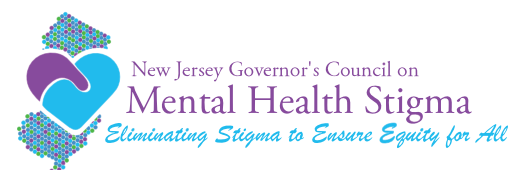 Mental Healthcare for the IDD Population*, on May 14, 2025 from 10:00 a.m. to 11:30 a.m. Please see page 2 for details about this essential learning opportunity and registration.

Please also join the Council for many other initiatives to expand your knowledge and take positive action to eliminate stigma. For example, share successes that you and your loved ones have achieved in overcoming challenges presented by mental health-related difficulties. Please see page 6 for details on how to submit your stories to be considered for posting on the **Council's website**, and please visit the website frequently, as we continually add new resources.

Thank you for all your efforts toward eliminating stigma and ensuring access to services that are tailored and comprehensive for individuals with MI, IDD or a combination of health conditions.

With deepest gratitude and warmest wishes,

Debra L. Wentz

Debra L. Wentz, PhD
Chair

New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

Stigma Has Negative Impact, Especially on Individuals with Co-occurring Conditions

"People with IDD are often stigmatized because of behaviors that are challenging," Dr. Spitalnik added. For example, individuals with IDD may be aggressive, destructive of property or demonstrating self-injury. "There is a lack of understanding that behavior is communication, especially for individuals whose disabilities and educational disadvantage may impact their ability to communicate in traditional ways. Although well meaning, professionals may focus on eliminating the behavior rather than appreciating the need to help people express their wants, needs and feelings. There is a fine line between addressing the behaviors and what is stigmatizing."

"Stigma is always something we have to deal with. In general, there is stigma about people who don't act stereotypically 'normal,'" stated Jennifer Koelln, LSW, Director of Mental Health Services, Community Access Unlimited (CAU). "Unfortunately, many people with IDD have been bullied, and they learn to believe that they are different and therefore, not as 'good' as other people." Koelln shared an example of the long-lasting impact of stigma. If an individual with IDD develops a mental illness such as schizophrenia later in life, "it can be traumatizing to realize they felt fine before the schizophrenia developed, and they fear admitting they hear voices because they are afraid of what others would say," she explained.

Another unfortunate consequence of stigma is the economic impact. "Particularly in times of stress and scarcity, stigma is an ongoing challenge. Individuals with IDD commonly have limited or no access to income in traditional ways. The juxtaposition of stigma and barriers to supported or customized employment is unfortunate and damaging," according to Dr. Spitalnik.

In addition to society in general, stigma is a common problem in the mental and behavioral healthcare fields — again, resulting from a lack of knowledge. Stigma has resulted in diagnostic overshadowing, meaning the IDD is seen as the primary or only health condition, resulting in secondary consideration — if any at all — about depression, anxiety and other health disorders that could be the factors of individuals' challenging behaviors.

Stigma in Clinical Care

"Mental illnesses present differently in individuals with IDD than how they are explained in the *Diagnostic and Statistical Manual*. The *DSM* does not have appropriate differential diagnosis criteria for diagnosing mental illnesses in the IDD population, so individuals in this group are commonly diagnosed only with certain conditions, such as opposition defiance disorder or intermittent explosive disorder," explained Daniel Balboni, PsyD, Director of Psychological and Social Services, Matheny Medical and Educational Center.

"Clinicians need to question why behaviors occur. Many are labeled with a behavioral diagnosis because of aggression or retreating, but these behaviors may be signs of anxiety or depression," Dr. Balboni added. "Many assume that people with IDD have a more shallow existence than others, but the opposite is true. They are deeper because they need to read others to survive."

Another type of stigma is structural, which is evidenced in laws, rules and insufficient funding of services. "If we are distanced from stigma, we can pretend it doesn't exist. That is a moral failure," stated Cathy Chin, Executive Director, Alliance for the Betterment of Citizens with Disabilities.

Chin shared that the IDD population is defined as "the last and least served" by Joan Beasley, PhD, Co-founder of the START [Systemic,

Therapeutic, Assessment, Resources and Treatment] model. This is "a cross-systems crisis prevention and intervention program used across the U.S. to improve the delivery of critical intellectual/developmental disability and mental health (IDD-MH) services and supports," as described in Dr. Beasley's biography on the website for Georgetown University, where she serves as Director of Research and Evaluation at the university's Center for Excellence in Developmental Disabilities.

Evidence of Progress Made and Much More Needed

"Fortunately, the voices of people who bore the label of 'mentally retarded' addressed the issue of stigma, which resulted in the elimination of this term and its replacement with 'developmental disability' in state and federal laws," Dr. Spitalnik said.

In addition to the positive changes in language, Pamela Brown, MSW, Vice President of Adult Developmental Disability Services, Oaks Integrated Care, noted, "Moving people out of developmental centers was a plus. Not all people with disabilities belong in institutions. The Olmstead Act helped to 'free' individuals from 'rooms' and exposed them to 'homes,'" she added.

"Advocating for individuals to work in the community is uplifting. We show them how, and they will execute. All people with disabilities have abilities," Brown emphasized.

"Fully including people with IDD in the community and addressing the needs for support are not things that our society embraces yet with open hearts. We need this in policy, as well as throughout society," Dr. Spitalnik stressed.

"The biggest change was relatively recently, around 2021, when professionals and the research class came as a whole acknowledging that people with IDD experience the full range of psychiatric disorders as those without IDD," Chin observed. "That acknowledgement has opened up a lot more research, resources, interventions and best practices. It makes the definition of each person with IDD, whether or not they also have mental illness, much less cramped. It humanizes them."

> ❝When you feel and know that stigma is wrong, whatever you do for yourself or on a social or structural level, it will be unique to you and meaningful. Until people own it themselves, there won't be impact.❞
>
> **— Cathy Chin**
> *Executive Director*
> *Alliance for the Betterment of Citizens with Disabilities*

How to Eliminate Stigma

Dr. Balboni shared a powerful, fitting quote from Mark Twain: "Travel is fatal to prejudice, bigotry and narrow-mindedness."

"It is hard to be afraid of someone when you are exposed to them. When you spend more time with this population, you realize very quickly that they're just people," Dr. Balboni added.

"To eliminate stigma, you need to have the courage to confront stigma and be a model," Chin stated. "Courage is contagious," she added, referring to a quote by Billy Graham in which he also said, "When a brave man takes a stand, the spines of others are often stiffened."

"When you feel and know that stigma is wrong, whatever you do for yourself or on a social or structural level, it will be unique to you and meaningful. Until people own it themselves, there won't be impact," Chin added. She also noted that grassroots advocacy is effective. "From the ground up, one social worker at a time – it is slower, but more powerful," she said.

Education in general is essential. This is the focus of the New Jersey Governor's Council on Mental Health Stigma.

Share Success Stories
to Help Eliminate Stigma!

The best way to prevent and eliminate stigma is to educate people, and that education needs to include stories of individuals' achieving wellness and other goals as a result of the support they have received.

The New Jersey Governor's Council on Mental Health Stigma is eager to share such inspiring personal experiences on its website. Click the button below or scan the QR code to see stories on the website to get an idea of what is highly impactful.

See Stories
Click Here

Please click the button below or scan the QR code for details, including criteria, instructions and a link to submit stories – written narratives and videos – for consideration.

Details
Click Here

Like Efforts to Eliminate Stigma, Clinical Care Is Improving

As there has been progress toward elimination of stigma, there have also been positive changes in how individuals with both mental health disorders and intellectual/developmental disabilities (IDD) are treated clinically — and, in many cases, these situations are intertwined. Education of all types of healthcare providers is essential to help ensure that everyone is treated with respect and in the most comprehensive way possible.

Research shows that 50 to 60% of people with IDD also have mental illnesses. This is a conservative estimate, according to Jennifer Koelln, LSW, Director of Mental Health Services, Community Access Unlimited (CAU).

"The prevalence of mental illnesses among people with IDD appears to have increased, but really, we have gotten better at diagnosing what has always been there – anxiety, depression and trauma," added Daniel Balboni, PsyD, Director of Psychological and Social Services, Matheny Medical & Educational Center. "People with IDD are just people and they are as likely to have mental health conditions as other people. We have seen an uptick since COVID, which was particularly difficult for individuals with developmental and/or physical disabilities. Isolation made their already limited socialization even worse. Medical professionals worried about the impact of COVID and became even more hyper-focused on the longer lasting mental health effects."

"More than 20 years ago when I started in the IDD field, mental health care was almost completely on the back burner. It was seen as only behavioral from clinicians' perspective. This is still the case today, but it is starting to turn," Koelln said. "More people are recognizing there are serious mental health concerns in people with IDD and that behaviors result from mental illness. Clinicians are realizing that their clients with IDD do not have just behavioral issues and that behaviors are learned, versus mental health issues, which present as certain behaviors as a form of survival," she said. Recovery from trauma needs to be supported differently with individuals who also have IDD. "Classical behavioral treatment is not always the best approach," she stressed.

Another significant change was moving individuals with IDD and mental illnesses from congregate institutions to the community with supports to foster independent living. "There were different paths for people with primary mental health diagnoses compared to those whose main conditions were IDD," shared Deborah M. Spitalnik, PhD, Founder and former Executive Director of The Boggs Center on Disability and Human Development at Rutgers Robert Wood Johnson Medical School.

Like Efforts to Eliminate Stigma, Clinical Care Is Improving

Continued from page 7

"I have seen tremendous changes in service models and even more changes in language in the orientation of systems of support. I have also seen and still see the way we as a society created systems of care and support," Dr. Spitalnik added. "However, service systems and funding are still largely organized on the basis of mutually exclusive categories, which do not mirror the experience of the people for whom we work. There is a lack of recognition and clinical understanding, as shown by the way services are organized. It does not match what people's lives are like."

More Clinical Training Is Needed

"We have not fully moved to person-centered services that understand individuals' needs and develop supports around people. We have a long way to go," Dr. Spitalnik stated. "Clinicians are not typically trained and experienced in how mental illness presents in people with IDD. We have not found ways yet to scaffold care, treatment, and support at different levels. This is vital for both the mental health and IDD communities."

According to Koelln, clinicians with expertise in either IDD or mental health fear they will make situations worse for individuals with dual diagnoses. "We have an ethical responsibility to practice within our scope. If anyone is not comfortable, they should get more training," she stressed. "Clinicians must understand that they do not need to reinvent the wheel or rewrite the learning they gained in school. Clinical interventions for individuals with IDD can be modified," Koelln said. She shared the example of the Empty Chair technique. When someone is no longer in a person's life, the client speaks to that person in an empty chair. "We need to build on their strengths. Someone can draw a picture of their loved one and bring it to the chair. It gives them something more concrete to hold onto. Clinicians can slightly adapt this and other techniques," Koelln explained.

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> **— Daniel Balboni, PsyD**
> *Director of Psychological & Social Services Matheny Medical & Educational Center*
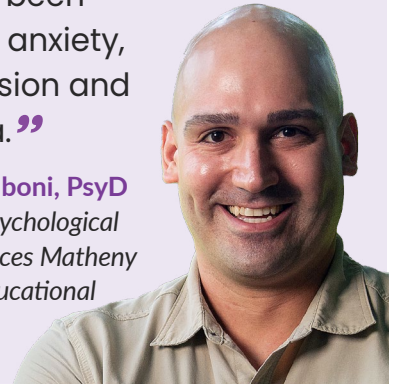
Both Koelln and Dr. Balboni discussed the problem of diagnostic overshadowing. This means that the IDD diagnosis dominates and other possible diagnoses, such as autism and mental health disorders, are not made. They both explained that mental illnesses present differently in individuals with IDD, compared to those who only have mental health disorders, and this can make diagnosis difficult.

"Many individuals with IDD cannot verbalize what they are experiencing and feeling. For example, rocking back and forth could be due to autism or anxiety. Diagnosing an individual with autism could lead to anxiety disorder not being treated," Koelln explained.

"We need to ensure that group homes and other agencies that care for this population and families living with people in this population have access to the full spectrum of mental health support. This helps diagnose properly versus assuming the diagnosis, which happens when there are limited treatment services to choose from," Dr. Balboni said. "Mental health issues are often seen as solely behavioral. However, behaviors can be due to trauma, deep depression or general anxiety. It may be more useful to see a talk therapist who is trained in communicating with people who communicate differently."

The full array of mental health care includes not only diagnoses, but also different levels of care, specifically prevention. "Mental health care is not just a crisis in need of emergent care," stated Cathy Chin, Executive Director, Alliance for the Betterment of Citizens with Disabilities. "Prevention must be seen as part of the continuum of care. It could mean less suffering for individuals and their families."

"We need appropriate assessment and diagnosis, more tools and a mental health acuity rate," Chin stressed, referring to reimbursement for providers who serve individuals with dual diagnoses. ""They need access to more and different kinds of treatment modalities," she explained.

> "To eliminate stigma, public education that teaches it's ok to be different and everyone has strengths is needed. Look at the strengths, not deficits – in ourselves and others."
>
> **— Jennifer Koelln, LSW**
> *Director of Mental Health Services, Community Access Unlimited*

Initiatives to Expand Access to Appropriate Care

Efforts have been undertaken to expand and improve clinical treatment. These include development of supportive treatment settings, enhancement of strategies and expansion of training for staff.

For example, nursing and other medical students complete part of their rotations at Matheny Medical & Educational Center, which consists of a fairly small hospital, group home, school and day program. "We are educating the next generation of doctors, nurses, etc. so they will have the necessary skills to effectively serve this different population," Dr. Balboni said. "There must be more than just a brief introduction of the IDD population as if they are a monolith. Providers must interact with the IDD population in order to learn how they communicate differently. It is essential to practice doing this, versus watching videos or reading about it."

Over the years, Oaks Integrated Care has opened more than 30 homes, including emergency homes, supported apartments and group homes. "These have allowed us to place individuals in nice housing and communities. We also opened a new day program in Lumberton, NJ that helps individuals develop daily living skills and work towards securing employment," shared Pamela Brown, MSW, Vice President of Adult Developmental Disability Services.

For staff training, Community Access Unlimited (CAU) has made its training department much more robust in the past few years. All new staff are required to take several courses within their first few months of employment: Introduction to Mental Health, Trauma-Informed Care, Positive Behavioral Supports, Basic Counseling Skills and Crisis Prevention Training. "They get a good idea of mental health crises people are facing and how to address mental emergencies in house. They develop rapport with our members, which fosters more favorable experiences with the staff," Koelln said. She explained that individuals served are called "members", not "clients", "because we are all one, all part of the CAU family."

Since its inception, The Boggs Center partnered with the Division of Developmental Disabilities (DDD) on training providers to ensure that individuals with IDD received appropriate, high-quality services. "I see DDD as having started behavioral health homes, which is a positive development. DDD also brought in the START [Systemic, Therapeutic, Assessment, Resources and Treatment] model, and other evidence-based practices from around the country to contribute to our knowledge base and program improvements," Dr. Spitalnik said.

Like Efforts to Eliminate Stigma, Clinical Care Is Improving

Before New Jersey's Children's System of Care (CSOC) was established in 2012, DDD was responsible for youth with IDD. Providers used a "traditional service approach with people who had IDD, and those with the most severe cases, especially children, were sent out of state," Dr. Spitalnik recalled. The Boggs Center worked with DDD to enhance services for children and young adults with IDD, and the Children's Placement Enhancement Pilot was developed to bring children and emerging adults back from out of state, but it was soon realized that we needed to enhance capacity in New Jersey to deflect the need for and prevent out-of-state placements," she stressed.

The Boggs Center has provided a wealth of training over the years and continues to do so. One major effort, supported by DDD and federal funding, is the Developmental Disabilities Lecture Series that began in 1984. This program features national experts to enhance people's ability to effectively address significant concerns and issues, and there is much focus on diagnosis of co-occurring disorders and provision of trauma-informed care.

The Boggs Center also provides training for child-psychiatry fellows and doctoral students in psychology and MSW programs, as well as technical assistance for various committees. In addition, The Boggs Center has done

significant work in crisis and prevention, participated on task forces, created a crisis manual, and partnered with the National Association of Developmental Disabilities to develop a credential for direct service providers with enhanced expertise.

Trade associations are also taking a proactive role to increase access and quality of care. "Whenever we can, we try to include this niche into appropriate conversation. Every opportunity we get, we insist on attention to this population. Asking that attention be paid seems small, but it is large. It means we are possibly creating opportunities," Chin said. She added that DDD requires all providers to be trained in trauma-informed care, especially since individuals with IDD are often subject to bullying and other negative experiences that impact their mental health.

"All providers must have the skills, attitude and sensitivity to support people with IDD, as well as those with cognitive and other disabilities," Dr. Spitalnik stressed.

New Jersey is heading in a positive direction. "The impact I have seen over time and see into the future is the wellness of people being addressed so crises do not occur or if they do, their impact is mitigated, addressed by a competent system of support, and people can return to their lives strengthened and resilient," Dr. Spitalnik stated. "People have episodic needs. Crisis blows them out of the water and they end up in emergency rooms with no options and not able to return to an environment that is more supportive of their needs. We must strengthen the systems to promote mental wellness and resilience."

Join the New Jersey Governor's Council on Mental Health Stigma in its
Sing! for Mental Health Initiative!

Across the state, communities are recognizing the need to educate, and to create outreach aimed at improving the mental health of their communities. Be inspired by these shining lights who have found creative ways to start the conversation about mental illness to eliminate stigma and encourage everyone to seek help when needed by highlighting that message with music, dance, and the creative arts.

New Jersey Governor's Council on Mental Health Stigma

988 SUICIDE & CRISIS LIFELINE

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The New Jersey Governor's Council on Mental Health Stigma presents the
Sing! for Mental Health Project
Educating Community about Mental Health and Stigma

The Sing! for Mental Health Project was designed to shine a light on exceptional people in New Jersey who are educating their own communities about mental health and stigma. Through art, music, and dance, they are creating uplifting and life-affirming messages about mental health awareness, stomping out stigma, and encouraging people to seek treatment when needed.

New Jersey's Shining Examples of Mental Health Outreach through the Creative Arts!

Everyone CAN MAKE A Difference!

Jesus & Jazz Video
Jesus and Jazz is a musical service dedicated to mental health every 4th Sunday at the AME Mt. Zion Church in Millburn, NJ. The services are a collaboration between the Mental Health Players of NJ; the PEWS Program at the MH Association of NJ; Greg Burris Productions; and Pastor Eyesha Marable at Mt. Zion Church. Delivering a "mental health moment" is an important part of all of these services.

Somerset County Stigma Free Coalition
The InterFaith Council of Somerset Cty and the Somerset County Stigma Free Zone have joined forces to present a Band Concert for Mental Health to help educate communities about stigma, and spread awareness of the work the Coalition is supporting in Somerset County, NJ.

To participate in the *Sing! for Mental Health* initiative or explore other ways to create outreach and education to your community, please write to:

Cynthia Chazen
Coordinator of Community Outreach and Partnerships
CChazen@njamhaa.org

Policy, Fiscal and Legislative Support Are Necessary to Increase Access to Services

In addition to eliminating stigma and ensuring healthcare professionals provide the best care possible for individuals with intellectual/developmental disabilities (IDD) and mental illnesses, policies, legislation and increased funding are needed to increase access to services for this vulnerable population.

"Service systems must support this financially and be nimble together. We need to move people to the support model; strengthen people's wellness early before they are in crisis; provide more intensive intervention; and step back when needed and appropriate," said Deborah M. Spitalnik, PhD, Founder and former Executive Director of The Boggs Center on Developmental Disability and Human Development at Rutgers Robert Wood Johnson Medical School.

"I am struck by how many task forces and initiatives there have been that have not necessarily produced the kind of meaningful change in a person-centered way. I appreciate the multiple efforts, but there still is not a firm grip on individuals' needs or the infrastructure required to meet those needs," Dr. Spitalnik added. "Particularly unnerving is that the trends we are seeing nationally in policy and funding systems, and what that will mean to address a complex set of needs. Early, consistent, available support is necessary," she stressed.

Positive Changes Seen over the Past Few Years

In March 2019, Governor Phil Murphy proposed $22.5 million in new investments to care for individuals with IDD, including new funding for those diagnosed with co-occurring mental health disorders. The goals were to double the number of community-based emergency beds across the state to prevent hospitalizations; and develop a Medicaid Behavioral Health Home pilot program that would increase healthcare providers' ability to serve individuals with these dual diagnoses.

"By opening up more crisis stabilization beds, people with IDD can stay in the community, which is much preferable to hospital care," said Jennifer Koelln, LSW, Director of Mental Health Services, Community Access Unlimited.

This investment is critical because "so many end up in emergency rooms," according to Daniel Balboni, PsyD, Director of Psychological and Social Services, Matheny Medical & Educational Center.

"Gov. Murphy populated the acute emergency end of our continuum, and mobile crisis response teams will be coming out. Providing more options for care is a profound start in the acknowledgment of the IDD population's needs," said Cathy Chin, Executive Director, Alliance for the Betterment of Citizens with Disabilities.

"The Home Health pilot definitely benefits the IDD population by providing all medical and behavioral services in one place," Dr. Balboni added. "The caveat is that we need a lot more services." He noted that current healthcare experts

and students working toward healthcare careers must be trained on how to effectively serve this population; however, there are not enough of these types of instructional programs.

More recent evidence of the state government's focus on serving individuals with IDD is in two requests for proposals that the Department of Human Services (DHS) issued in February of this year. One was for expanding the Program of All-inclusive Care for the Elderly (PACE) to all 21 counties. This program helps Medicare and Medicaid beneficiaries who have chronic disabilities and other illnesses avoid having to go into nursing homes or other care facilities. This is achieved by providing clinical treatment, social services, counseling and other support in the individuals' communities.

"The PACE program will allow older individuals to be connected to healthcare providers with limited delay. This is a win for older adults," said Pamela Brown, MSW, Vice President of Adult Developmental Disability Services, Oaks Integrated Care.

DHS also announced the fourth round of grant funding for the creation of Inclusive Healthy Communities (IHC) for individuals with disabilities. "First launched in January 2021, the IHC Grant Program is an initiative spearheaded by the Human Services' Division of Disability Services (DDS) to support communities and ensure that the voices and needs of people with disabilities are included in healthy community planning," as described in a DHS press release. Projects must be designed to build capacity through partnerships; ensure inclusion of individuals with disabilities in healthy community planning efforts; and implement strategies that will result in lasting change in the communities.

"Individuals with dual diagnoses are often overlooked, so any efforts to improve the health of individuals is a win," Brown stressed.

"It is phenomenal that any program exists; there is much need. New Jersey is a beacon of hope for families of

> ❝ All people with disabilities have abilities. ❞
>
> — **Pamela Brown, MSW**
> *Vice President, Adult Developmental Disability Services Oaks Integrated Care*
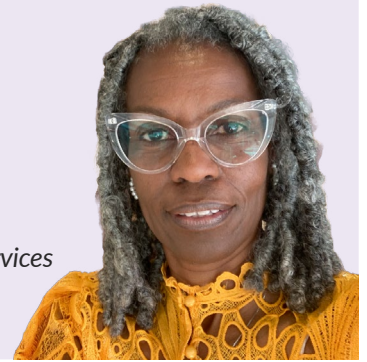
individuals with IDD. I know people who moved here from California because of this," Dr. Balboni shared.

"In general, such programs spawn creativity. We need to rethink what communities for people with IDD should look like," Dr. Balboni said, using clustering of group homes for individuals with IDD near each other as an example. "The idea is ingratiated to the community, but in reality, it is very isolating. We try to recreate a sense of community in our day program," he added.

Dr. Balboni also shared a positive model from Israel. The mission of ADI (Ability. Diversity. Inclusion.) is "to empower every person to reach or return to the height of their abilities," as explained on its website. "ADI creates entire communities for people with disabilities and their families. Services are provided in these communities. People without disabilities can also choose to live there. It's beautiful," Dr. Balboni said.

According to Dr. Spitalnik, that mental healthcare services are carved into the Medicaid managed care benefit for people with IDD who are served through the Division of Developmental Disabilities is an opportunity to create better services for individuals with IDD and co-occurring mental health conditions. "I am hopeful that managed care entities can innovate and provide integrated services in ways that public systems have not yet been able to develop. Much more needs to be done through policy, legislation and funding — imperatives that may be at risk given the national environment," she stressed.

RESOURCES

The Boggs Center on Disability and Human Development

VISIT THE WEBPAGE ››

National Association of Developmental Disabilities

VISIT THE WEBPAGE ››

PSYCHIATRY online

Persons With Intellectual and Developmental Disabilities in the Mental Health System: Part 1. Clinical Considerations
Published on psychiatryonline.org
August 4, 2021

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PSYCHIATRY online

The Mental Health Crisis of Individuals With Intellectual and Developmental Disabilities
Published on psychiatryonline.org
March 1, 2022

VISIT THE WEBPAGE ››

NIH › National Library of Medicine
National Center for Biotechnology Information

Co-Occurring Mental Illness and Behavioral Support Needs in Adults with Intellectual and Developmental Disabilities
Published by the National Institutes of Health's National Library of Medicine, National Center for Biotechnology Information, February 5, 2023

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RESOURCES

National Library of Medicine
National Center for Biotechnology Information

Interventions for mental health problems in children and adults with severe intellectual disabilities: a systematic review

Published by the National Institutes of Health's National Library of Medicine, National Center for Biotechnology Information, June 19, 2018.

VISIT THE WEBPAGE ››

THE LANCET
Child & Adolescent Health

Mental health problems in children with intellectual disability

Published by *The Lancet* June 2022

VISIT THE WEBPAGE ››

Behavioral Therapy Techniques for Intellectual Disabilities

Published on specialstrong.com

VISIT THE WEBPAGE ››

Therapy for Intellectual Disability: Effective Approaches and Interventions

Published by NeuroLaunch October 1, 2024

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ACA-PBs
American Counseling Association **Practice Briefs**

Counseling Persons With Disabilities

Practice brief published by the American Counseling Association September 2016

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Mission

The mission of the Governor's Council on Mental Health Stigma is to combat mental health stigma as a top priority in New Jersey's effort to create a better mental health system. Through outreach and education, the Council will send a message that mental health stigma must no longer be tolerated.

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