Breaking down the barriers to accessing mental health treatment for persons with IDD and/or ASD

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SPEECH, OT, ABA, AND MH EVALUATIONS AND TREATMENT

Equity, inclusion, and access....these are not words to describe our current situation when our consumers seek mental health services in Colorado. Very few mental health providers feel comfortable or competent to provide these services. No official training programs or requirements exist to promote understanding and competency among our providers. Primary care providers, family members, support persons, and consumers face the undeniable truth--despite higher rates of mental health challenges among the citizenry with IDD and/or ASD, they often have no one to turn to. And even when they can identify a provider competent in this area, funding restrictions and a fractures service delivery system limit the accessibility and utility of those services. We will go over these and other barriers, then share options and models for eliminating them.

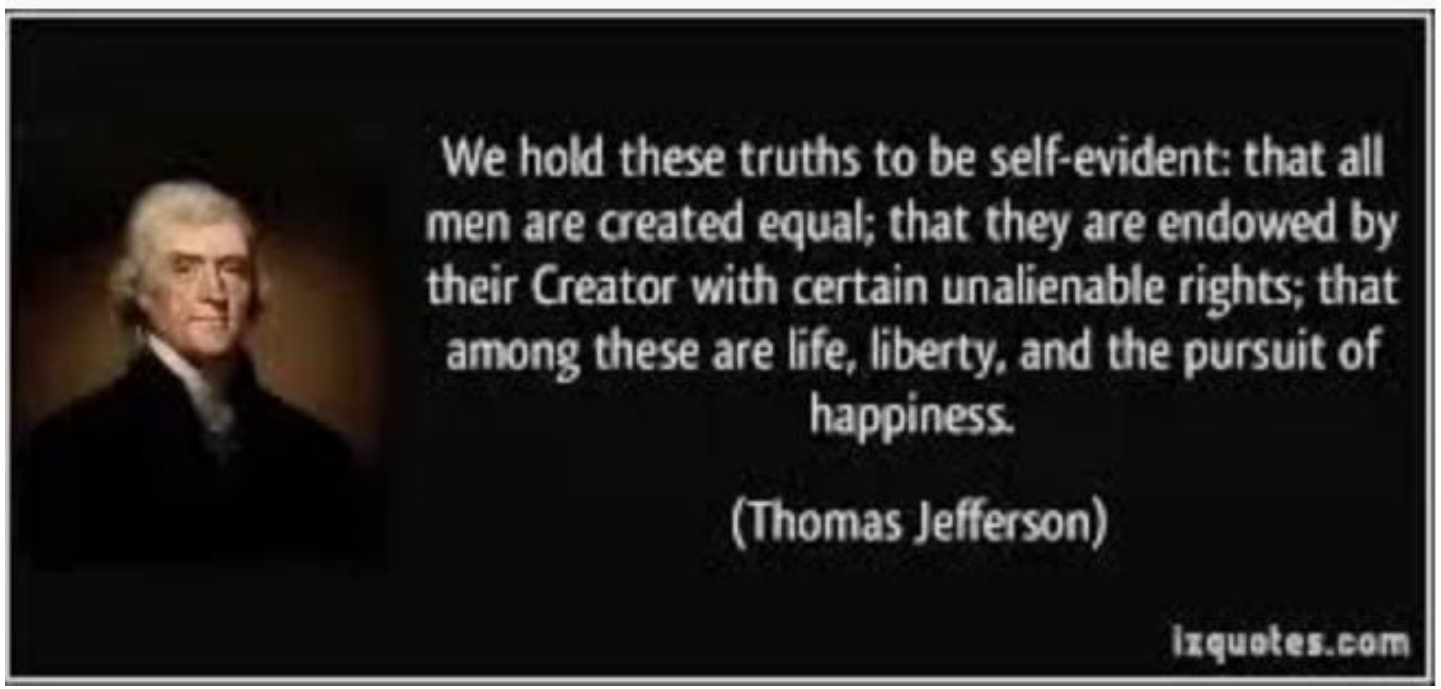
Objectives of this presentation

AT THE END OF THIS DISCUSSION, YOU WILL BE BETTER ABLE TO IDENTIFY…..

Elements of Diversity, Equity, Accessibility, and Inclusion

Common Barriers to MH access among persons with IDD and/or ASD

Remedies to these barriers



Why is this important?

LACK OF DIVERSITY, EQUITY, ACCESSIBILITY, AND INCLUSIVITY

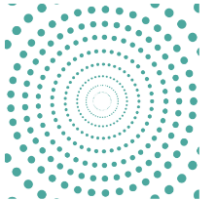
HIGHER RATES OF MH ISSUES AND TRAUMA

SYSTEMIC INSTITUTIONALIZED AND ACCEPTED BIAS

EFFECTIVE TREATMENT EXISTS

WE ALL DESERVE THE RIGHT TO PURSUE HAPPINESS!

Diversity



Diversity is all the ways that people are different and the same at the individual and group levels. Even when people appear the same, they are different. Organizational diversity requires examining and questioning the makeup of a group to ensure that multiple perspectives are represented.

Equity

Equity is the fair and just treatment of all members of a community. Equity requires commitment to strategic priorities, resources, respect, and civility, as well as ongoing action and assessment of progress toward achieving specified goals.[1]

Inclusion

Inclusion refers to the intentional, ongoing effort to ensure that diverse individuals fully participate in all aspects of organizational work, including decision-making processes. It also refers to the ways that diverse participants are valued as respected members of an organization and/or community.

Accessibility is giving equitable access to everyone along the continuum of human ability and experience. Accessibility encompasses the broader meanings of compliance and refers to how organizations make space for the characteristics that each person brings.

https://www.aam-us.org/programs/diversity-equity-accessibility-and-inclusion/facing-change-definitions/

Higher rates of MH issues and Trauma

Base rate of IDD, ASD, ASD with IDD, global disabilities….

- 8%?

Depression, Anxiety, Trauma

- Suicidality, sexual victimization

ADHD (same)

Common Barriers to MH access among persons with IDD and/or ASD

- Competency and Comfort of Providers
- Network Adequacy (and Turf Wars?)
- Funding restrictions and fractured systems
- Diagnostic Differences
- Treatment Differences

Competency and Comfort of Providers

Competent service and MH ethics

- Lack of training programs
- Lack of mentors
- Licensing boards….
- EASY OUT for most!

Where does comfort fit in?

- Some folks just don’t feel “comfortable” serving our consumers….what if we replaced IDD with any ethnic, religious, sexual orientation or self identity group? Would it be ok then?
- Can’t ”make” a person comfortable….but exposure and real understanding go a long way

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Network Adequacy (and Turf Wars?)

- What is network adequacy?
- How does Mental Health Parity law come into play?
- Why are behavior supports NOT part of our mental health treatment options per Medicaid?
- Are there hidden Turf Wars?
  - And then we get to ‘not my job, it’s his job’

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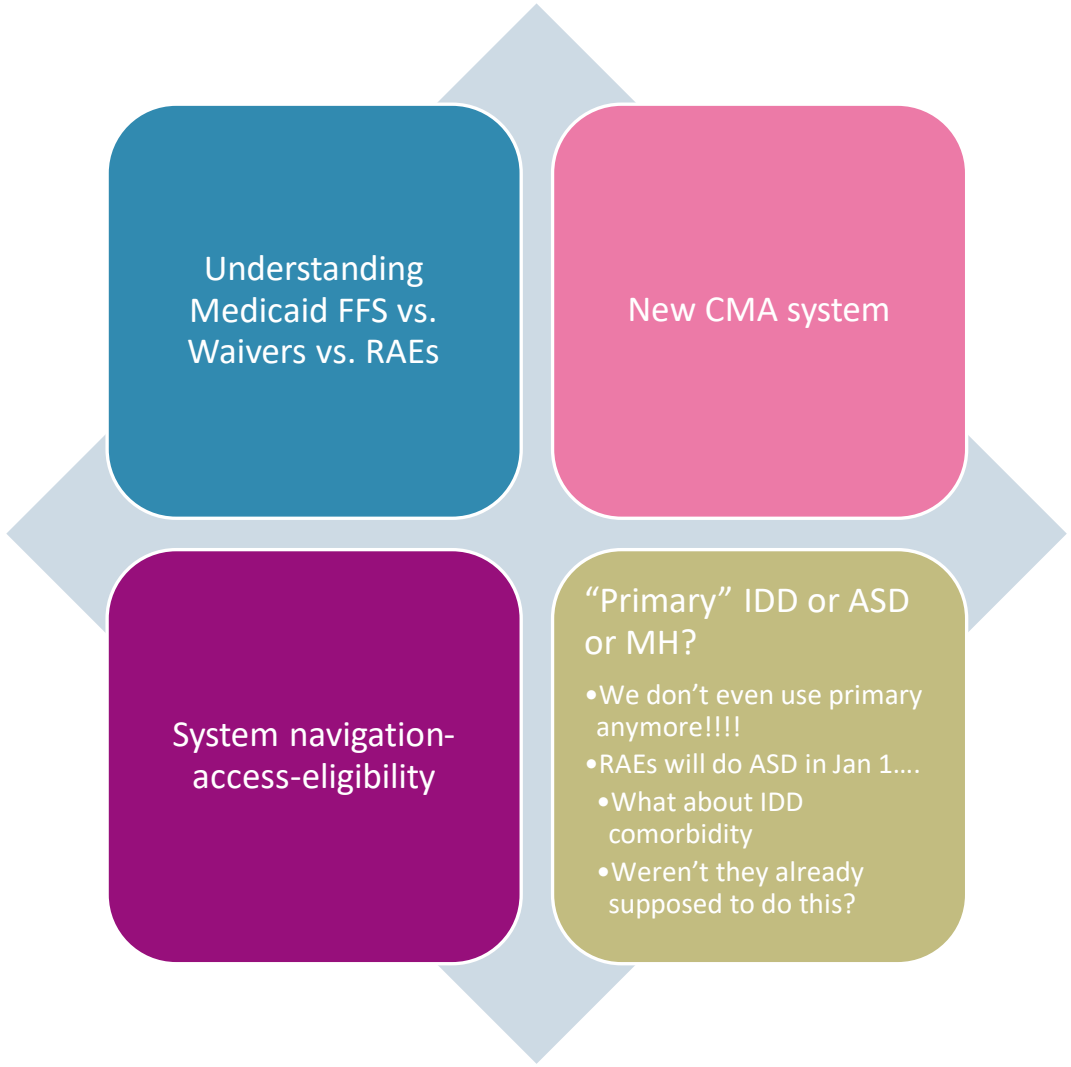
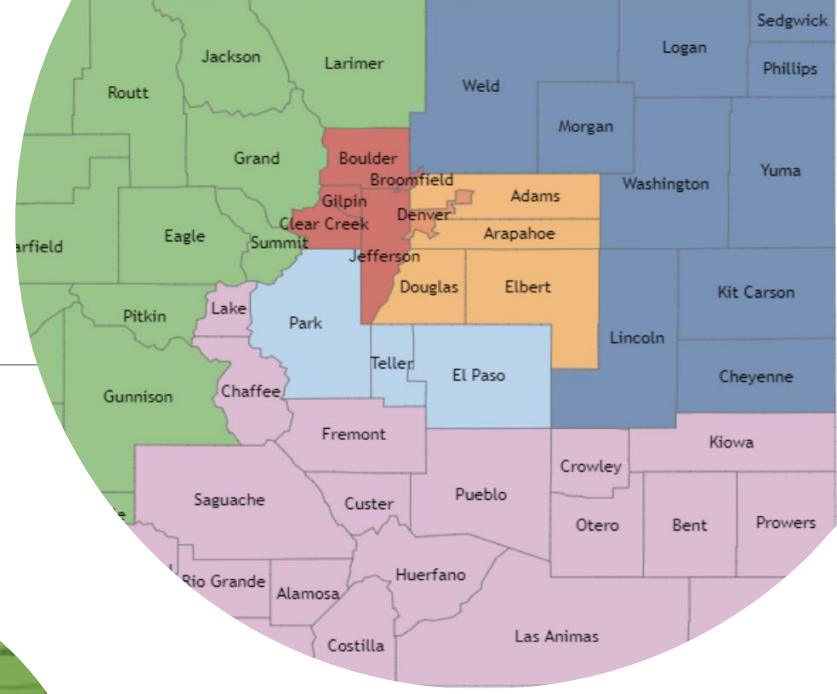
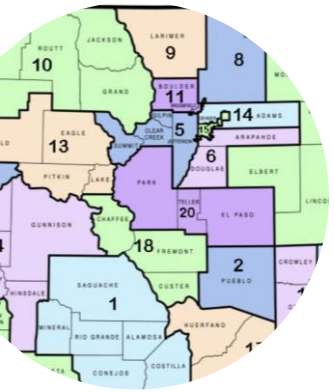


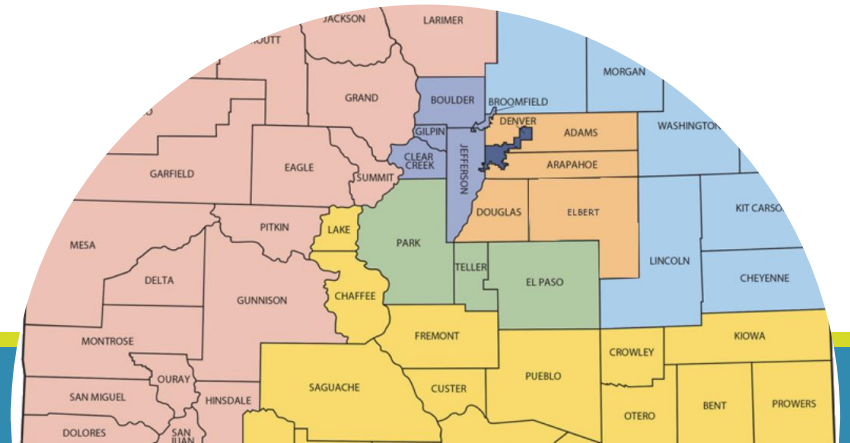
Funding restrictions and fractured systems

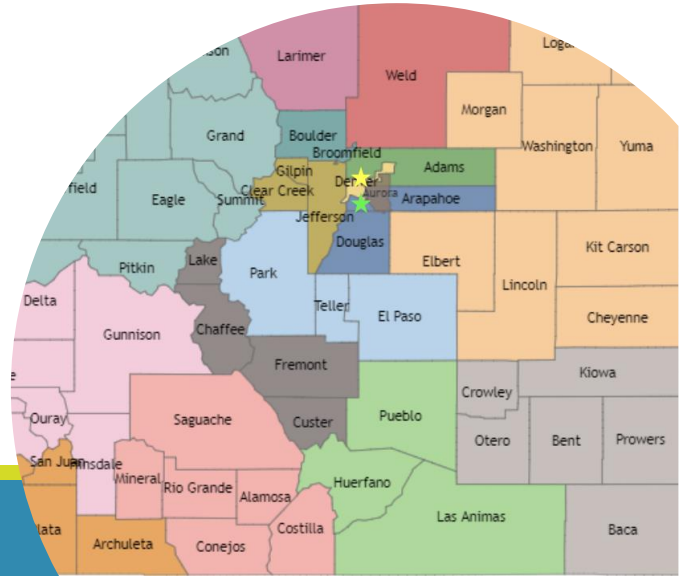
Colorado CCBs (19), RAEs (7), CMAs (20), ASOs (4), MSOs?, CMHCs?

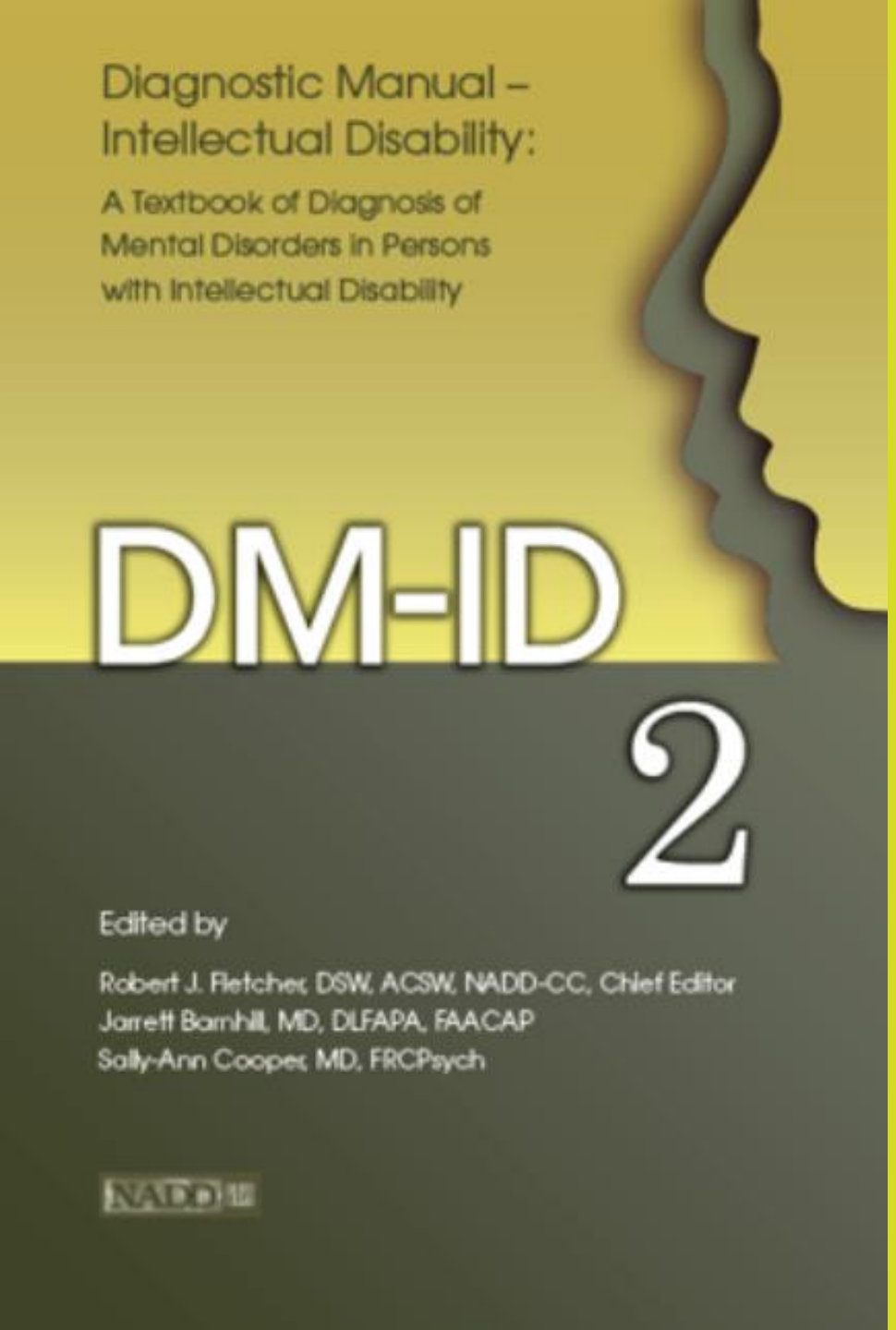
- https://bha.colorado.gov/sites/bha/files/documents/BHAAC%20Special%20Session%20Slide%20Deck%2011-30-22.pdf









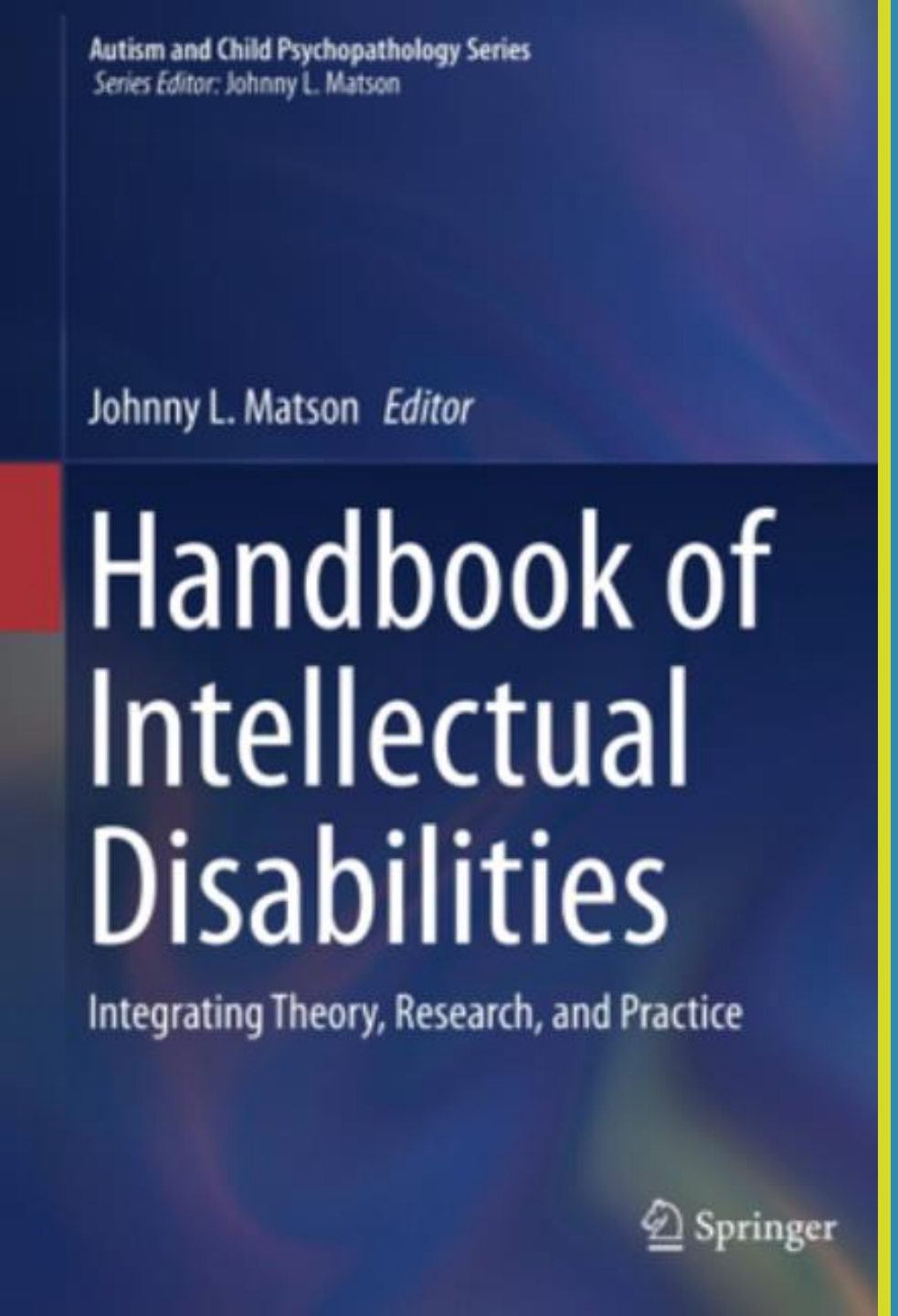


Diagnostic Differences

- How is it the same? How is it different?
- Philosophical and theoretical challenges
  - OLD CT models and MDD

EXAMPLE

Feeling dejected or down for most of the time
Feeling fidgety, unable to sit still, or moving and speaking slower than normal
Taking less interest in things that interested you before
Symptoms
Depression
Eating too little or too much
Feeling fatigued or tired
Thinking often of death or suicide, behaving suicidally, or harming yourself
Sleeping too much or too little
Feeling indecisive or unable to concentrate
Feeling worthless, guilty, or very self-critical



Treatment Differences

- How is it the same? How is it different?
- Using much of what you already know
- Integrating Function into Symptom understanding

Learning more….

- Resources
  - DM-ID-2
- Our Workshops

Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities (IDD)

Remote Learning Course

In many communities, disability, mental health, and education professionals lack key knowledge about people who have both IDD and mental health challenges. There is often a lack of appropriate resources or services available for families, and they often report that disability and mental health systems can be complex and inflexible.

People with dual diagnosis, parents, and siblings may feel lonely or isolated because of a lack of understanding, discrimination, or stigma. These issues can also create communication struggles between families and professionals.

Co-occurring disabilities, including mental illness in children and adolescents with IDD, are common and persistent across the lifespan. Unfortunately, ***only 1 in 10*** children and adolescents with co-occurring disabilities receive specialized mental health services.

To address these problems, Oliver Behavioral Consultants and Rocky Mountain Health Plans is offering a course focusing on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, ADHD, depression, psychosis and trauma-informed diagnosis.

All courses are offered from **9:00am – 3:00pm MST**. Select from **one** of four course options:

- April 17, 2023 – April 21, 2023
- September 11, 2023 – September 15, 2023
- June 12, 2023 – June 16, 2023
- December 4, 2023 – December 8, 2023

Register Here!

- ★ Active Student Learning format
- ★ $3,000 reimbursement for course completion for the first 50 provider registrants (must complete course in its entiretv)
- ★ Classes are remote
- ★ Post class examination
- ★ Certificate of completion for completing course and exams

For additional information or questions email raesupport@uhc.com or call ReNae Anderson at 970-393-0170

United Healthcare | Rocky Mountain Health Plans

Wrap Up and Questions?

Peer networks, advocacy, RAE 1 projects, teaching, community events.

Speech, OT, ABA, MH and Diagnostics

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