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Description automatically generated**NEVADA GOVERNOR’S COUNCIL ON DEVELOPMENTAL DISABILITIES**

**Position on Mental Health**

# Individuals with Intellectual and/or Developmental Disabilities are at an increased risk of co-occurring disabilities with mental health conditions. These mental health conditions include but are not limited to major depressive disorder, bipolar disorder, anxiety disorders, psychotic illnesses, among others. People with I/DD and mental health conditions often experience symptoms that lead to services being provided within the mental health service system framework. Most mental health professionals do not receive sufficient training on the needs of the diverse population.

# **The Nevada Governor’s Council on Developmental Disabilities (NGCDD) recognizes the challenges that policymakers and administrators face in addressing the current needs of Mental Healthcare in Nevada. Currently available treatment options in Nevada are not sufficient to serve the current needs of this community. Increased access to mental health services is necessary to meet the needs of those with intellectual and/or developmental disabilities and mental health conditions.**

**Policy Recommendations:**

1. Support initiatives that fund programs to provide the levels of assistance, therapy, primary care, long-term medical oversight and individualized supports that people with these co-occurring conditions need to live, work, and lead regular lives in the community.
2. Expansion of supports furnished under the Center for Medicare & Medicaid Services, including Home & Community-Based Medicaid Waiver programs and state funding of improved crisis services and increased access to mental health services.
3. Community Living. The primary goal and outcome of service delivery should be to enable people with co-occurring disabilities to have friends and to live, attend school, and/or work in the community, consistent with Title II of the Americans with Disabilities Act and the Supreme Court’s Olmstead ruling.
4. Design of mental health facilities must include universal design and language access, that encompasses the unique needs of those with physical and developmental disabilities.
5. Knowledge and Expertise. Systems change should involve the recipients of supports and services family members, and advocates in conjunction with key state officials, providers, and subject matter experts with experience providing and funding high-quality services and supports to children and adults with co-occurring disabilities. All of these individuals should be included in the design of new services, supports, and funding options. Consideration should be given to including representatives of diverse cultural and linguistic groups.
6. All planning for services should be person-centered and individualized.
7. Expansion of current programs or addition of new programs must include people with disabilities at the planning table.
8. Provisions should be made to specify required qualifications and training expectations for staff members (which should include individuals with lived experiences and family members), who treat children and adults with co-occurring disabilities.
9. Support shall be made available for family and friends that provide care to those with co-occurring disorders. Services and supports including respite care, integrated care coordination, preventive behavioral supports, and crisis intervention.
10. Prevention and stabilization must be designed to address the needs of recipients of services across the lifespan and their family members.
11. Training and skills development should be provided to staff, including those who provide peer support.

Last Review Date: