

Providing Mental Health Services to Individuals with Intellectual Disabilities

Navigating Definitions,
Co-occurrence, and
Inclusive Support

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SELPA Mental Health Symposium 2026



Intellectual Disability and Mental Health

Navigating Definitions, Co-occurrence, and Inclusive Support.

Intellectual Disability (ID):

- Limitations in intellectual functioning (learning, reasoning, problem-solving).
- Impacts adaptive skills.
- Onset: Beginning before age 18.

Mental Health Disorders:

- Disturbances in mood, thinking, or behavior (e.g., depression, anxiety, schizophrenia).
- Onset: Can occur at any point in life.



Key Distinction: ID is a developmental disability, not a mental illness—though they frequently co-occur.

Co-occurrence (Dual Diagnosis)



Increased Vulnerability:



Individuals with ID are more likely to experience mental health disorders than the general population.



Diagnostic Overshadowing:

- Symptoms may manifest differently in people with ID.
- Risk of being underdiagnosed or misdiagnosed due to communication barriers or attribution of symptoms to the disability itself.

Recognizing Individual Differences

- **The Spectrum:** Both ID and mental health disorders exist on a broad spectrum of severity and presentation.
- **Strengths-Based Approach:**
 -  Avoid assumptions about capacity.
 -  Each person has unique strengths, challenges, and support needs.
 -  Goal: Focus on abilities and potential rather than just limitations.

Communication and Accessibility



Inclusive Communication: Use clear, simple, and respectful language.



Accessible Formats: Utilize plain language, visuals, and repetition to reinforce understanding.



Self-Advocacy: Prioritize listening to the person's own description of their internal experiences and needs.

Challenging Stigma and Misconceptions

Debunking Myths:



Myth: People with ID cannot make their own decisions.



Myth: Mental illness is synonymous with violence.

Real-World Barriers

Stigma creates systemic hurdles in:



Education: Limited access to inclusive learning environments and resources.



Healthcare: Diagnostic overshadowing and inadequate medical care.



Employment: Discrimination in hiring and lack of workplace accommodations.



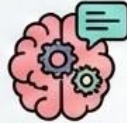
Social Inclusion: Isolation, exclusion from community life, and social barriers.

Integrated Support and Treatment



Early Intervention:

Both groups benefit significantly from early identification and individualized care plans.



Effective Treatment:

Therapy, medication, and coping strategies are effective for people with ID when adapted to their cognitive and communication needs.



The Support Circle:

Coordination between family, educators, healthcare providers, and community services is vital.

Environmental and Social Determinants

External Stressors

- Trauma, social exclusion, and lack of systemic support can trigger or worsen mental health issues.



Protective Factors

- Inclusive environments, stable routines, and social belonging significantly improve overall well-being and resilience.



The Power of Language



Person-First vs. Identity-First

Use the language preferred by the individual (e.g., “person with an intellectual disability”).



Standard of Care

Eliminate outdated or offensive terms to maintain professional and ethical standards.

Hope, Inclusion, and Success



Resilience: Highlight success stories and the significant contributions people with ID make to society.



The Future of Inclusion: Focus on fostering meaningful relationships, equitable education, and gainful employment opportunities.

“Inclusion is not just a placement;
it is a sense of belonging.”

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