



International Society of Psychiatric-Mental Health Nurses

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Meeting the Psychiatric Needs of People with Intellectual and Developmental Disabilities

A Statement of The International Society of Psychiatric-Mental Health Nurses (ISPN)

The International Society of Psychiatric-Mental Health Nurses (ISPN) advances the mental health of individuals, families and communities through its mission, *“to support advanced practice psychiatric mental health nurses in promoting mental health care, literacy and policy worldwide”* (ISPN, 2023). In alignment with the ISPN mission, the purpose of this policy statement is to set forth recommendations for advanced practice psychiatric nurses (APPNs) in the delivery of competent, quality care for individuals with intellectual and developmental disabilities (IDD). It has been two decades since the American Nurses’ Association (ANA) established standards of care for this population which, to date, have not been fully actualized (ANA 2004, 2013, 2021; Stokes, 2020). The person-centered perspective and developmental lens of APPNs provide foundational skills to care for individuals with IDD but lack of training, experience and confidence are barriers to embracing this population in their practices. Implementation of this policy leverages APPN education, practice and policy development in achieving improved mental health outcomes for this population.

Definitions

According to the Centers for Disease Control (CDC, 2025), developmental disabilities are a group of conditions characterized by impairment in physical, learning, language and/or behavioral functioning. These conditions begin during early development, impact day-to-day capabilities, and endure throughout the individual’s lifetime. Intellectual disability is a type of developmental disability

characterized by a limitation in intellectual functioning and adaptive behavior with typical onset before age 18 (American Psychiatric Association [APA], 2022). Together, these terms describe the population of individuals who experience intellectual and developmental disabilities and help clarify the distinct but related ways these conditions impact learning, behavior, and daily life.

Prevalence

Approximately one in six youth have one or more developmental disabilities (DD) or developmental delays (CDC, 2024) reflecting a rising rate of developmental disabilities in the U.S. Intellectual disability (ID) is a form of DD. It is important to underscore that not all individuals with DD have ID – a myth that often compromises appropriate care. Intellectual disability affects 3% of the U.S. population with mild ID being most common (President’s Committee for People with Intellectual Disabilities [PCPID], 2025).

Increased Mental Health Disorders

Compared to the general population, individuals with IDD experience higher rates of mental health conditions and are less likely to receive mental health care (CDC, 2025; Special Olympics Center for Inclusive Health, 2025). Approximately 40% of youth with IDD and 39% to 52% of adults with IDD have a diagnosable mental disorder (Cooper et al., 2007; National Core Indicators, 2019; Totsika et al., 2022). Trauma-related conditions are prevalent in this population and are often unrecognized factors that confound psychiatric diagnosis (Brown & DeSocio, 2024). As many as 70% of individuals with IDD have experienced a traumatic event, and of these, 90% report multiple traumatic experiences (Hogg Foundation for Mental Health, 2015; Houck & Dracobly, 2022).

Decreased Access and Mental Health Care Inequities for Individuals with IDD

Individuals with IDD encounter numerous barriers to accessing mental health care; provider ableism is one of the major obstacles. Longstanding ableist beliefs held by providers include: 1) individuals with IDD do not experience mental distress or psychiatric symptoms; 2) they are unable to be

diagnosed with a mental disorder because their symptoms do not align within DSM criteria; 3) they do not benefit from lifestyle education, psychosocial interventions, or psychotherapy, and 4) they require an IDD specialist because primary mental health providers are not capable of meeting their needs and do not have the resources and time to do so (Wang et al., 2024).

Perpetuation of an Under-Prepared APPN Workforce

The person-centered perspective and developmental lens of APPNs assure foundational skills to care for this population but preparation to address the specific needs of individuals with IDD is lacking (Fisher et al., 2022). Perpetuation of inadequate knowledge about IDD is related to the systematic exclusion of this population from all levels of nursing education; from prelicensure programs to postgraduate and advanced degree programs to continuing education offerings (Smeltzer et al., 2024). Curricular omissions have led to a nursing workforce that is unprepared to address the mental health needs of this population. An unprepared APPN workforce compounds the problem of limited access to mental health services for this population. Even if individuals with IDD get in the door of an APPN's practice, they may not be recognized as having special needs or, if recognized, they may be turned away and referred elsewhere. This contributes to a small pool of mental health providers with long waitlists who care for this population, making timely access unobtainable and delayed diagnosis and treatment a frequent outcome. Furthermore, the lack of APPN preparation in caring for individuals with IDD often leads to overlooking or misdiagnosing psychiatric symptoms. The latter is referred to as *diagnostic overshadowing*, a type of diagnostic error in which psychiatric symptoms are dismissed or misattributed to the person's disability while appropriate diagnostic considerations are prematurely foreclosed (Brown & DeSocio, 2024).

The lack of data and inclusion of individuals with IDD in nursing research reinforces their invisibility and creates gaps in evidence-based literature. Inclusion of this population in research is critical to advance Nursing Science and create an evidence-base for APPN practice.

Policy recommendations and actions are detailed below. These recommendations are founded on the systematic inclusion of individuals with IDD in curricula and experiential learning activities of APPN graduate programs and post graduate training programs (i.e. residencies and fellowships). Educators with subject matter expertise and relevant clinical practice with this population are needed to teach and mentor the APPN workforce. There is also a gap in professional practice standards addressing the care of this population. Standards of practice are needed as the basis for developing licensure and certification exams that test competencies in the care of individuals with IDD. An increase in continuing education offerings is needed to expand the capacity of the existing APPN workforce to provide mental health care for individuals with IDD.

Recommendations:

1. Educate APPNs toward inclusivity and specific competencies for the care of individuals with Intellectual and Developmental Disabilities (IDD).
 - Actualize the ANA Scope of Standards of Practice in Intellectual and Developmental Disability Nursing.
 - Update the PMHN Scope and Standards of Practice to be inclusive of individuals with IDD and reflective of ANA Scope and Standards of Practice in IDD Nursing.
 - Recruit educators with subject matter expertise and practice to teach and mentor the APPN workforce.
 - Create nursing curricula utilizing a trauma informed, disability justice lens.
 - Offer continuing education on inclusive health care, and the unique physical, behavioral and sensory needs, rights, and communication styles of individuals with IDD.
 - Advocate for inclusive content in nursing standards, licensure and certification exams, including psychiatric nursing specialties.
2. Practice disability humility.

- Approach care with curiosity, openness, and a willingness to learn from individuals with IDD and their families.
 - Acknowledge that healthcare professionals are not the ultimate experts on the person's experience.
3. Examine and address internalized ableism.
 - Recognize that individuals with IDD may have internalized negative societal messages.
 - Provide affirming care that emphasizes strengths, self-worth, and community belonging.
 4. Apply the "Six Ps" of Inclusive Practice (Maryland Center for DD, 2022).
 - Person: Center the individual's voice and preferences.
 - Practice: Use evidence-based, inclusive interventions.
 - Place: Ensure environments are accessible and welcoming.
 - Programs: Design services that reflect diverse needs.
 - Philosophy: Embrace disability justice and equity.
 - Policy: Advocate for inclusive, non-ableist policies.
 5. Co-create treatment plans with individuals and their families.
 - Involve individuals with IDD in their care planning to the fullest extent possible.
 - Use supported decision-making to promote autonomy to the fullest extent possible rather than immediately enlisting a substitute decision-maker.
 6. Practice inclusive communication.
 - Employ understandable language, visual supports, and augmentative and alternative communication (AAC) tools.
 - Allow extra time for processing and responding.
 - Validate all forms of communication.
 7. Improve diagnostic accuracy and reduce diagnostic error.

- Recognize and overcome diagnostic overshadowing.
 - Adapt and create evidence-based assessment and screening tools for this population.
8. Advocate for policy and systems change.
- Push for policies that eliminate segregation, restraint, and coercion in psychiatric settings.
 - Support inclusive practices in housing, employment, and education that impact individual mental health.
9. Design research that is inclusive of Individuals with IDD to advance Nursing Science.
- Involve individuals with IDD in the design of programs of research for this population.
 - Recruit individuals with IDD to participate in research.
 - Publish results from research inclusive of individuals with IDD to expand evidence-based literature.

In summary, this policy statement offers rationale and strategies to improve APPN competence and expand access to equitable mental health care for individuals with IDD. When APPNs effectively care for individuals with IDD, their care of all individuals is improved; enhanced knowledge and skills to care for this population translate to all populations served by APPNs.

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