

## Our new series on mental health: a call to action on access, stigma, and workforce

Sailaja Musunuri<sup>1</sup>, Tine Hansen-Turton<sup>2</sup>, Louise Flaig<sup>3</sup>

<sup>1</sup>Guest Section Co-Editor, Executive Vice President of Integrative Medicine and Chief of Psychiatry, Woods Services, Langhorne, United States

<sup>2</sup>Guest Section Co-Editor, President and CEO, Woods Services, Langhorne, United States

<sup>3</sup>Guest Section Co-Editor, Strategy Development Director, Woods Services, Langhorne, United States

**Date submitted:** 10-June-2024

**Email:** Sailaja Musunuri (sailaja.musunuri@woods.org)

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

We are excited to launch the *Education for Health* mental and behavioral healthcare series to build the global field of research and practice. One in every eight people—or 970 million people around the world—were living with a mental disorder in 2019, a prevalence that has increased since the onset of COVID-19.<sup>1</sup> People with severe mental health conditions die on average 10 to 20 years earlier than the general population, mostly due to preventable physical diseases.<sup>2</sup> While the pandemic brought a greater awareness of the importance of mental and behavioral healthcare, there is still significant stigma and lack of mental health services globally. The most vulnerable populations—children, adolescents, and adults with intellectual and developmental disabilities, mental health challenges, and acquired brain injuries—often also have complex medical, behavioral, and genetic conditions. For these individuals, sufficient mental and behavioral healthcare is absolutely essential to being able to lead healthy, enjoyable, productive and rewarding—not to mention functional—lives.

Individuals with intellectual and developmental disabilities and autism are among the populations with the highest needs for appropriate and critical behavioral healthcare. Worldwide, approximately 1–3 percent of the population has an intellectual disability—as many as 200 million people. Intellectual disability is significantly more common in low-income countries—16.41 in every 1,000 people.<sup>3</sup> According to WHO, 1 in every 100 people in the global population has autism spectrum disorder.<sup>4</sup>

Whether one is in a high needs category or not, access to mental health services globally is at a crisis point. Common mental disorders, like psychosis and depression, are responsible for the

**Citation:** Musunuri S, Hansen-Turton T, Flaig L. Our new series on mental health *Educ Health* 2024;37:98-100.

**Online access:** [www.educationforhealthjournal.org](http://www.educationforhealthjournal.org)

DOI: 10.62694/efh.2024.112

Published by The Network: Towards Unity for Health

largest proportion of the global burden of disease.<sup>5</sup> Even before the COVID-19 pandemic, just a small fraction of people in need had access to effective, affordable and quality mental health care. While 70% of people with psychosis are reported to be treated in high-income countries, only 12% of people with psychosis receive mental health care in low-income countries. For depression, the gaps in service coverage are wide across all countries: even in high-income countries, only one third of people with depression receive formal mental health care. Minimally adequate treatment for depression is estimated to range from 23% in high-income countries to 3% in low- and lower-middle-income countries.<sup>6</sup>

A significant workforce shortage globally is a significant barrier to the implementation and scale-up of mental health services. Partially because of this shortage, approximately 85% of people with mental, neurological and substance-use disorders in low- and middle-income countries do not receive care.<sup>7</sup>

Woods is based in Langhorne, Pennsylvania, USA, but we are known globally for providing exceptional integrated care to complex populations. With our insight, we recognize how critical it is to address mental health issues and provide equitable care that meets the needs of neurodiverse individuals across the world.

At Woods, we are acutely aware that our local systems fail the vulnerable individuals whom we serve. Systems here are fragmented and difficult to navigate; they continue to stigmatize access to mental and behavioral health care, and are strained by a tremendous workforce shortage. On top of that, the healthcare workforce that *does* exist is not

adequately trained to work with individuals with intellectual and developmental disabilities, autism, and complex behavioral healthcare needs. Healthcare providers often turn these individuals away because their office does not accommodate those with such disabilities, they lack proper equipment, or the reimbursement rates are not sufficient.

Given the regional absence of a system that can meet the complex needs of this population, Woods created its own Woods System of Care (WSOC). Woods Services affiliated and partnered with organizations across New Jersey and Pennsylvania to ensure a seamless continuum of services would be available—a system that would be easy to access, navigate, and with no stigma associated with it. WSOC ensures the complex, lifelong needs of this population can be met with integrated medical and behavioral healthcare, education, vocational training, residential options and day programming, without the struggle and stigma that the existing system demands.

We recently opened The Center for Behavioral Health at Woods, where we provide customized, comprehensive care, including autism assessments with appointments that are available in weeks, not months. We share our collective expertise by training healthcare providers so they are better equipped to meet the needs of this complex population. This is one further step in reducing stigma.

The lack of access to mental health care, and the stigma experienced by vulnerable individuals with intellectual disability and autism is a global concern. This is why we recently established the Mollie Woods Hare Global Center of Excellence in Intellectual Disability, Autism, and Mental Health in partnership with The Network: Towards Unity for Health and others. This global center will address healthcare inequities and disparities for individuals with intellectual disability, autism, and complex behavioral and medical needs in a variety of ways, including:

- Collaborating and partnering with the WSOC team to develop a global health workforce competency framework and examination to serve the intellectual disability, autism, and mental health populations.
- Developing partnerships with governments and global organizations to expand efforts to

develop and disseminate population, public health and health equity frameworks and services for persons with intellectual disability, autism and mental health challenges.

- Collaborating and partnering with global health professions and academic institutions to develop and incorporate training for the next generation of providers in intellectual disability, autism and mental health care.
- Collaborating and partnering with existing intellectual disability, autism and mental health provider organizations globally.
- Developing a global community of content experts including government, associations, health profession education academic institutions, and provider organizations.
- Supporting research, evaluation, and consulting opportunities nationally and globally.
- Supporting the development of TUFH: India, a TUFH Collaborating Center of Excellence.

We need to think about how the existing systems can be improved, or how new systems can be created to take better care of our underserved complex populations. At Woods, we have created, and continue to modify and improve our model so that we can best serve individuals with complex needs with integrated, comprehensive care that addresses behavioral and mental health needs in addition to physical health.

This is our call to action: to create innovative systems that address population health needs—not just primary care, but equally mental and behavioral healthcare. We need to broaden workforce skills by training providers (who were not trained in their formal educational experience) so that they are confident serving those with complex needs; and we need to create equitable healthcare systems that are capable of serving those with the greatest needs.

*Education for Health* is dedicated to sharing information that advances international health, reaching health and clinical practitioners, educators, policy-makers, administrators, and learners in the health professions. Like this publication, Woods is focused on global models of health system integration and health professions education that will lead to improved health and health care delivery. Addressing the mental and behavioral health needs of our many millions of vulnerable individuals with intellectual disability and autism is essential. An integrated behavioral and physical healthcare system that meets their needs will create

a system that is better for all of us.

We encourage you to consider how we can improve current systems and develop new ones to better serve these complex populations. Please submit manuscripts in one of four categories:

- Education of the mental healthcare workforce
- Distribution and types of mental healthcare

workers

- Models to improve access to mental health care at the community level
- Innovative models of integrated community mental health workforce development.

As we collectively broaden this field of knowledge and experience, we look forward to learning with, and from you.

### References

1. World Health Organization. Mental disorders. World Health Organization Fact Sheets. 8 June 2022. Retrieved June 9, 2024, from <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.
2. World Health Organization. WHO highlights urgent need to transform mental health and mental health care. World Health Organization News Release. 17 June 2022. Retrieved June 9, 2024, from <https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care>.
3. Special Olympics. What is intellectual disability?.SpecialOlympics.org. n.d. Retrieved June 9, 2024, from <https://www.specialolympics.org/about/intellectual-disabilities/what-is-intellectual-disability>
4. World Health Organization. Autism. World Health Organization Fact Sheets. 15 November 2023. Retrieved June 9, 2024, from <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>.
5. Wainberg ML, Scorza P, Shultz JM, Helpman L, Mootz JJ, Johnson KA, Neria Y, Bradford JE, Oquendo MA, Arbuckle MR. Challenges and opportunities in global mental health: a research-to-practice perspective. *Current Psychiatry Reports*. 2017 May;19(5):28. <https://doi.org/10.1007/s11920-017-0780-z>. PMID: 28425023; PMCID: PMC5553319.
6. World Health Organization. WHO highlights urgent need to transform mental health and Mental Health Care. World Health Organization News Release. 17 June 2022. Retrieved June 9, 2024, from <https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care>.
7. Endale, T., Qureshi, O., Ryan, G.K. et al. Barriers and drivers to capacity-building in global mental health projects. *International Journal of Mental Health Systems* 2020;14(89) <https://doi.org/10.1186/s13033-020-00420-4>.