**Occurrence, Predictors, and Treatment of Mental Health Concerns in Youth with Intellectual Disability with or without Autism**

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**Objectives:** Mental health concerns have been noted to be highly prevalent for youth with intellectual disability (ID), with or without autism spectrum disorder (ASD). The purpose of the current study was to examine a Canadian sample of youth with ID, with or without ASD, to determine how many have co-occurring mental health concerns. Further, we explored predictors of mental health concerns, including child sex, age, adaptive functioning, and diagnosis. Finally, we examined the treatment methods used to address mental health concerns, overall, and in subgroups, based on child sex, age, and diagnosis.

**Method:** The data from the present study came from the GO4KIDDS Basic Survey, a broad survey covering various aspects of the health, wellbeing, and social inclusion of youth with severe developmental disabilities. The sample included 358 caregivers who completed the GO4KIDDS survey on behalf of their child(ren) between the ages of 4 and 20 years (*M* = 11.36; *SD* = 3.82). Chi-square analyses were used to compare the likelihood of overall mental health concerns and treatment modality utilized in subgroups based on child sex, age, and diagnosis. Hierarchical logistic regressions were conducted to explore whether sex, age, diagnosis, and adaptive behaviour were significant predictors of mental health concerns.

**Results:** Approximately 56% of youth with ID (with or without ASD) were reported to experience mental health concerns. Youth with ID and ASD were significantly more likely to have mental health concerns compared to those with ID alone. In addition, youth who had mental health concerns had higher adaptive functioning than youth who did not. Adaptive functioning and diagnosis were significant predictors of mental health concerns, after controlling for child sex and age. Of the youth who experienced mental health concerns, 80% received some type of treatment, most commonly informal therapies (52%). Males were likely to receive formal behavioural therapies and also non-evidence-based therapies. Older youth (≥12 years old) were more likely to receive medication compared to younger children (<12 years old). Finally, youth with ID and ASD were more likely to receive formal behavioural therapies compared to youth with ID only.

**Discussion/Conclusions:** More than half of the sample experienced mental health concerns and, while the majority received some type of treatment, many of the treatments utilized are not evidence-based. It is concerning that youth with ID alone are less likely to be receiving evidence-based intervention. Also, many children with severe developmental disabilities are receiving medications, which may be due to low costs and being easily accessible. It is important for parents to be aware of the risks and benefits of the various treatment options as well as have access to evidence-based options.

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