

MENTAL HEALTH SERVICES NEEDED AND RECEIVED BY YOUTH WITH SEVERE DD

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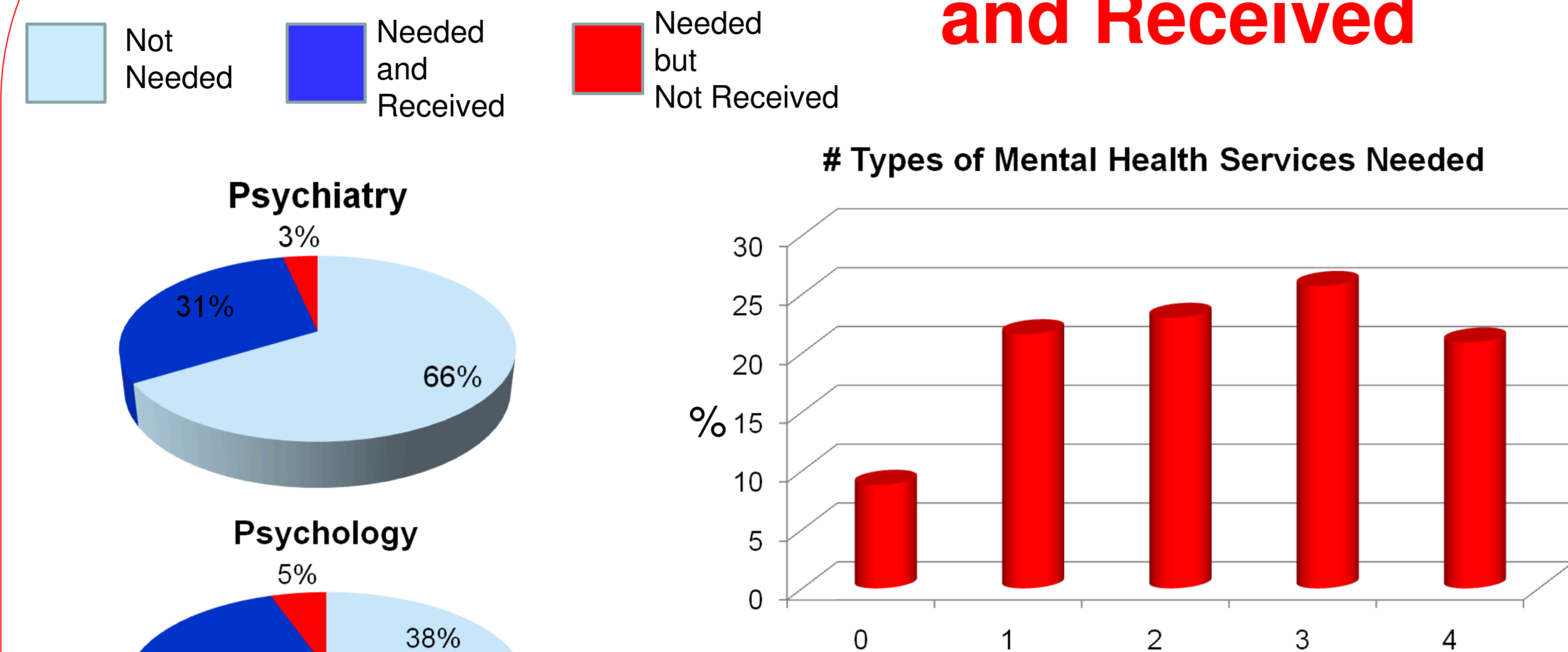
Background

- It is widely recognized that children and youth with Intellectual and Developmental Disabilities, including autism (DD for short) have:
 - a higher prevalence of problem behaviours (e.g., aggression, self-injurious behaviour)
 - mental health difficulties (e.g., anxiety depression), relative to peers without DD (Totsika et al., 2011).
- Although these children may require services from mental health related professionals, clinical experience suggests that service accessibility and appropriateness is often lacking in this population.
- There is very little research in general, and even less in Canada, documenting these issues.

Purpose of the present study:

- to report data on 4 mental health services needed and received: **psychiatrists, psychologists, behaviour therapists, and social workers**
- to examine mental health services needed and received in relation to a wide range of contextual factors: **child, demographic, parent, and family factors**

Results & Discussion: 1. Services Needed and Received



- 91% needed some type of mental health service
- 70% needed 2 or more types
- Psychiatry least often needed (34%), but usually rec'd if needed (only 3% unmet need)
- Psychology needed by 62% and usually rec'd if needed (only 5% unmet need)
- Behaviour Therapy and Social Work similar pattern: needed by about two-thirds but less often received when needed (15 and 12% unmet need)
- 75% had no discrepancy between # services needed and received but 25% had a discrepancy of 1 (14%), 2 (10%), or even 3 (1%) types of mental health services they needed vs. received

2. Services Needed and Received Correlated with Contextual Factors

| | # Needed <i>r</i> | # Rec'd <i>r</i> |
|--|----------------------|---------------------|
| Child Factors | | |
| 1. Age | .11 | .08 |
| 2. Sex | -.09 | -.22* |
| 3. Adaptive Level | .25** | .22* |
| 4. Maladaptive Behaviour | -.46** | -.32** |
| 5. ASD Diagnosis | .28** | .19* |
| 6. Psychiatric Diagnosis | .24** | -.02 |
| Demographic Factors | | |
| 7. Parent Age | .13 | .09 |
| 8. Income Estimate | -.06 | -.03 |
| 9. Barratt SES | .09 | .08 |
| Parent Factors | | |
| 10. Mental health problems | .31** | .15 |
| 11. Parenting self-efficacy | -.22** | -.09 |
| Family Factors | | |
| 12. Stressful life events | .20* | -.01 |
| 13. Family Stress & Coping | .31** | .13 |
| 14. Brief Family Distress Scale (crisis) | .33** | .17 |
| 15. Family Quality of Life | -.28** | -.04 |

Child Factors tend to be somewhat associated with both Need and Receipt of Mental Health Services

- Maladaptive Behaviour most strongly related to # services needed and received
- male gender associated with somewhat lower service receipt

Diagnosis of ASD and Psychiatric diagnosis both associated with more need but only ASD associated with receipt

Demographic factors not related to services needed or received

Adverse **Parent** and **Family** factors generally associated with Need for Mental Health Services

- but essentially unrelated to number of services Received

- Positive** parent & family variables negatively related to service needs for child – may serve as protective factors

Sample (n=148)

- parents: mostly biological parents, mostly mothers, age 25-57 ($M=42.57$; $SD=7.02$),
- children/youth: 69% M, age 3-19 ($M=11.09$; $SD=3.43$) selected from larger GO4KIDDS Sample – SIB-R SS <70; 56% with ASD, 28% with psychiatric diagnosis (based on parent report)

Measures From GO4KIDDS Survey

- 20 Services: Ever Need? Ever Receive? How satisfied? Here used only **4 mental health services and only Need? Receive?**
- Child factors:** 1. age, 2. sex, 3. adaptive skills (SIB-R; Bruininks et al., 1996), 4. maladaptive (SIB-R), 5. ASD diagnosis, 6. psychiatric diagnosis (parent report)
- Demographic factors:** 7. parent age, 8. income estimate (from postal code), 9. Barratt SES (based on education & occupation)
- Parent factors:** 10. mental health problems (Kessler-6; Kessler, 2003), 11. Parenting self-efficacy (FES, Koren et al., 1992)
- Family factors:** 12. Stressful life events: adapted from PSI (Abidin, 1995), 13. Family Stress & Coping Inventory (selected items; Nachshen, Woodford, & Minnes, 2003), 14. Brief Family Distress Scale (Weiss & Lunsky, 2011), 15. Family Quality of Life: Beach Center FQOL Scale (Hoffman et al., 2006)
- all measures had good internal consistency in the GO4KIDDS sample

Discussion

Limitations: measure of service need and receipt rather crude (does not consider frequency, satisfaction, etc.); services received from the 4 professions may not necessarily be for mental health services only; services may not be available in all locations; services may not be understood by respondents; sample representativeness?

Future research: measure mental health service need and use in more sophisticated manner; explore discrepancies between needs and services received; share findings with service providers and policy makers so as to enhance the situation for these children and youth who need mental health services

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