

# 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).

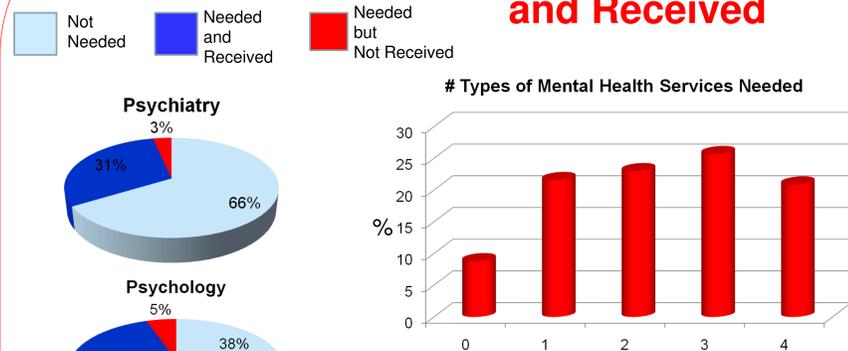
❖ Although these children may require services from mental health related professionals, clinical experience suggests that service accessibility and appropriateness is often lacking in this population.

❖ There is very little research in general, and even less in Canada, documenting these issues.

### Purpose of the present study:

1. to report data on 4 mental health services needed and received: **psychiatrists, psychologists, behaviour therapists, and social workers**
2. 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>
<b>Child Factors</b>		
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
<b>Demographic Factors</b>		
7. Parent Age	.13	.09
8. Income Estimate	-.06	-.03
9. Barratt SES	.09	.08
<b>Parent Factors</b>		
10. Mental health problems	.31**	.15
11. Parenting self-efficacy	-.22**	-.09
<b>Family Factors</b>		
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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