

Diversity in Ontario's Youth and Adults with Autism Spectrum Disorders: Addressing Mental Health Issues

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By: Lillian Burke PhD, The Redpath Centre

Kevin P. Stoddart PhD, The Redpath Centre & University of Toronto



This article summarizes some of the information contained in the report entitled: "Diversity in Ontario's Youth and Adults with Autism Spectrum Disorders: Complex Needs in Unprepared Systems".

Mental health disorders in youth and adults with Autism Spectrum Disorder (ASD) pose a significant clinical problem and often have a marked effect on their quality of life. Anxiety disorders and mood disorders occur at a higher rate in individuals with ASD compared to the general population. However, the dearth of services for youth and adults on the spectrum means that mental health issues may not be adequately addressed. "The implications of not proactively addressing the co-morbid mental health issues in ASDs concern clinicians in the field of autism, as well as the individuals themselves, and their families" (Stoddart, Burke & King, 2013, p, 84). This lack of recognition is exemplified when an individual on the autism spectrum is not diagnosed or treated as having ASD in the mental health system—or alternatively, when a person receives services relating only to the features of autism, and cannot access generic mental health services due to reluctance to treat somebody on the autism spectrum.

Ghaziuddin (2005) proposes reasons why the prevalence of mental health disorders concurrent with ASD is poorly understood. Among these, a shortage of trained or experienced professionals in the field of ASD, the stigma associated with a mental health diagnosis, and the "vagaries" of the diagnostic system. Although ASD rarely occurs in isolation of other symptoms, clinicians continue to be reluctant to offer multiple diagnostic labels. Stoddart, Burke and King (2013) note the impact

of 'diagnostic overshadowing' (i.e., symptoms or behaviours are attributed to the ASD versus a psychiatric disorder) and the old notion that people with ASD are unable to feel emotions. Application of multiple diagnostic labels (such as Asperger Syndrome and anxiety), promote understanding of an individual's challenges and point the way to potential and appropriate treatment(s).

For individuals with a concurrent intellectual disability (ID) and ASD, it is known that the presentation of mental health disorders may be somewhat different to the presentation of those without ID. Individuals with ID may also be unable to describe their experiences and symptoms in conventional ways; however, these might be observed in behaviours (e.g. repetitive speech or movements suggestive of anxiety; social withdrawal indicative of depression; changes in sensory- seeking or avoiding behaviours). Attempts have been made to facilitate diagnosis of psychiatric disorders in those with ID through the publication of "Diagnostic Manual-Intellectual Disability" (Fletcher, Loschen, Stavrakaki & First, 2007). It has also been suggested by Bradley and Caldwell (2013) that, 'due to the "unique neurobiology" of those on the autism spectrum, their psychological and perceptual experiences may be different compared to others'. This may lead to idiosyncratic presentations of mental health issues in those with ASD, as well as misinterpretation of their symptoms.

Through a survey of parents in Great Britain, nearly one-third (Barnard, Harvey, Potter, & Prior, 2001) reported their offspring who had an ASD had already experienced mental illness. "Where diagnosis was late [mental health issues]

rose to 45% of those diagnosed in their 20's and 50% of those diagnosed after the age of 30" (Barnard et al., 2001, p.22). Among the features of mental illness reported were depression (56%), nervous breakdown or "near breakdown" (11%), and suicidal thoughts or attempts (8%).

Our recent provincial study (Stoddart, Burke, Muskat et al., 2013) surveyed 480 individuals with ASDs and their care providers about mental health disorders and related processing issues experienced by those 16 years and older. Diagnosed disorders, in order of highest prevalence included: anxiety, depression, learning disorder, attention-deficit/hyperactivity disorder, obsessive compulsive disorder, sensory integration disorder, bipolar disorder, Tourette syndrome, eating disorder, personality disorder and psychosis/schizophrenia spectrum disorder. The high rates of anxiety (45%) and depression (27.9%) are comparable to reported frequencies of these disorders in other research. In spite of these high rates, 31% of respondents believed they experienced mental health issues which remained undiagnosed. Survey respondents also reported on hospital use related to their mental disorders. In the past decade, 20% had required emergency psychiatric services, and 14% had been admitted to hospital.

The lack of understanding, identification and treatment of mental health disorders in those with ASD is a systemic problem. Efforts must be made to ensure those on the spectrum, as well as those supporting them, are aware that mental health issues frequently co-occur with ASD and may have a unique presentation. Existing service and support systems need to integrate their knowledge and resources, and more "dual diagnosis" supports must be made available. When this occurs, the quality of life for Ontarians living with ASD and mental health concerns will improve significantly.

Recommendations for the Community:

- Facilitate the training of mental health professionals in ASD
- Provide education on mental health and ASD to professionals in the community who provide supports and services, such as educators and health care providers

Recommendations for the Health Care Provider:

- Engage in professional development in ASD and mental health
- Be cognizant of and monitor atypical presentations that may be reflective of mental health issues in those with ASD
- Develop networks of clinicians with expertise in the field of ASD and mental health
- Share expertise at workshops and conferences
- Carry out research on ASD and mental health issues
- Adapt, through practice and research, evidence-based treatments for mental health disorders to those with ASD (e.g., Cognitive behaviour therapy, medication, psychotherapy, etc.)

Recommendations for the Individual and Family:

- Maintain documents related to assessments and consultations, treatments and hospital admissions for those with ASD
- Maintain records of medications, medical/health issues and individual responses to interventions
- Facilitate communication with the mental health care provider while respecting the independence and confidentiality of the individual with ASD

References:

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About the Authors:

Lillian Burke, PhD is a Psychologist at The Redpath Centre, London, Ontario. Her primary clinical activity is consultation with and assessment of adults who have ASDs. She has a special interest in issues of women and parents on the spectrum and has carried out research and authored chapters and papers relating to adults with ASDs and IDD.

Kevin P. Stoddart, PhD is Founding Director, The Redpath Centre and Adjunct Professor, Factor-Inwentash Faculty of Social Work, University of Toronto. For over twenty years, his clinical focus has been children, youth and adults with ASDs, primarily **Asperger Syndrome, and the co-morbid social and mental health problems that affect them**.

DISCLAIMER: This document reflects the views of the author. It is Autism Ontario's intent to inform and educate. Every situation is unique and while we hope this information is useful, it should be used in the context of broader considerations for each person. Please contact Autism Ontario at info@autismontario.com or 416-246-9592 for permission to reproduce this material for any purpose other than personal use. © 2013 Autism Ontario 416.246.9592 www.autismontario.com