Outline (and main messages)

What really is mental health?

Mental health involves experiences of mental health problems and flourishing

- We need to support youth to reduce mental health problems AND to live their best life if we want them to experience good mental health

What goes into achieving good mental health?

Experiencing good mental health is best achieved when a youth's individual needs and their social resources align
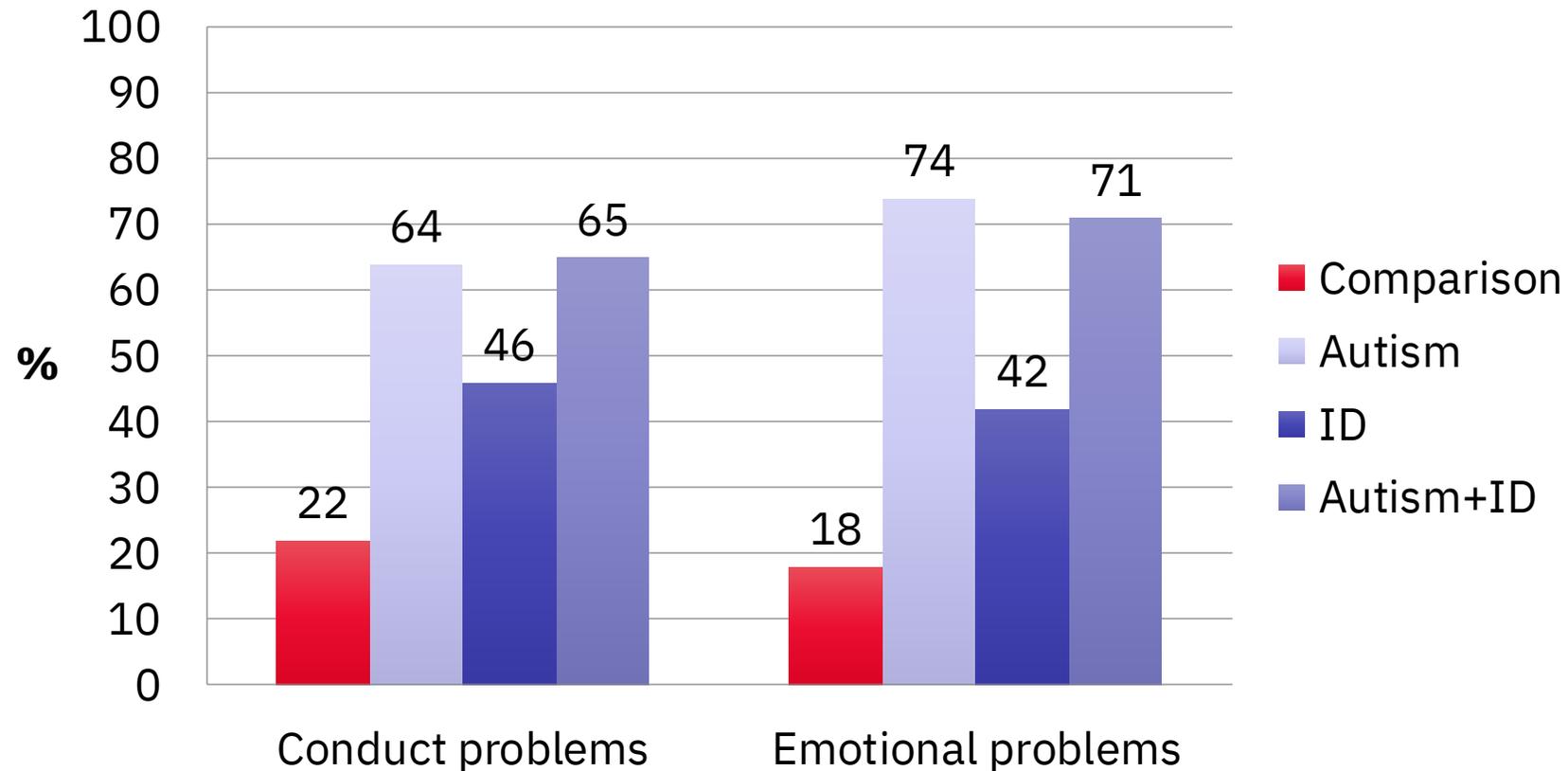
How can we support in a developmental-contextual way?

It is especially important to address the contexts for youth with developmental challenges

Not unique to autism

> Large scale community study of 5 to 16 year olds; M age = 10 years (SD = 3.0) (Totsika et al., 2011)

Mental health difficulties

- Typically, 50-60%% of autistic youth and 40% of youth with intellectual disability are experiencing mental health problems (pre-COVID stats; Totsika et al., 2011)

- Many experience 'subclinical' challenges too, and deserve to experience supports when they do

- There is a lot of research documenting this struggle
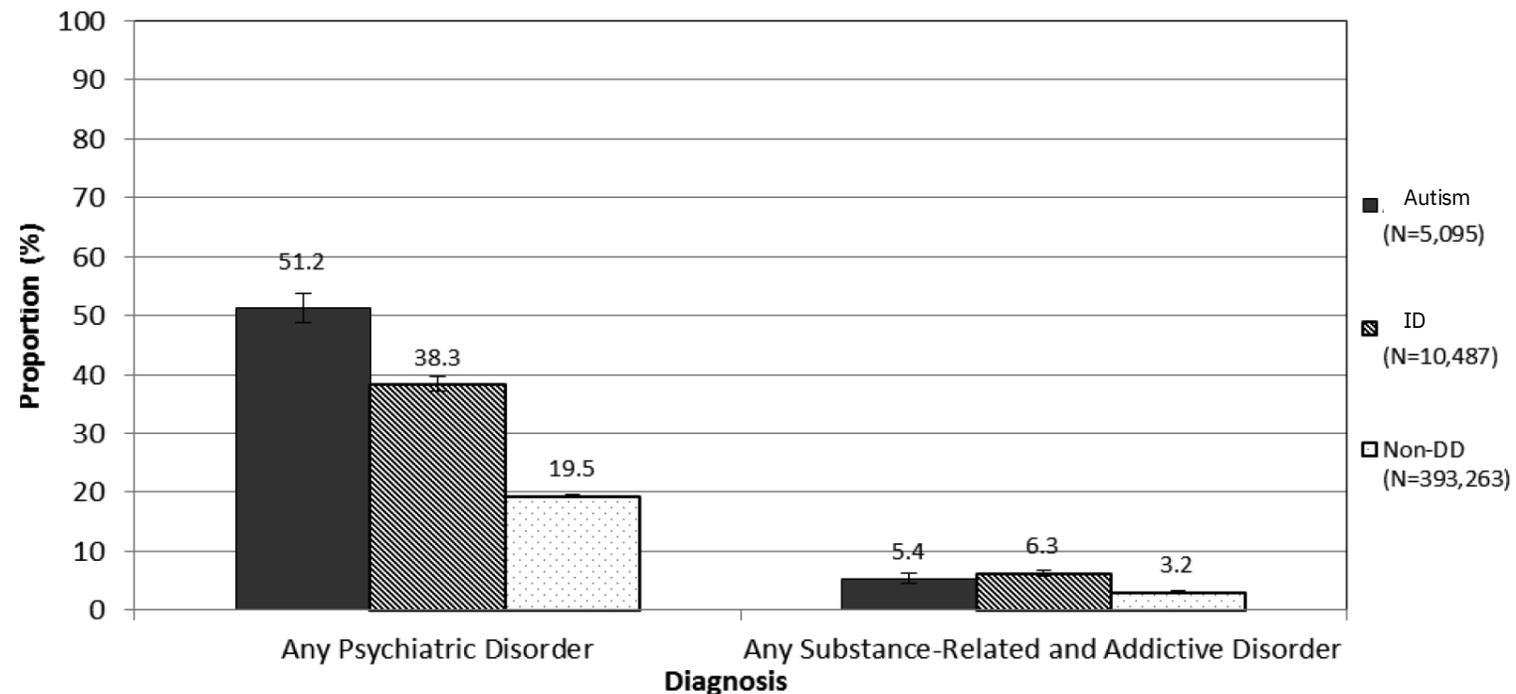
(Weiss et al. 2018)

Children and adults with ID often experience mental health problems

Weiss, J. A., Isaacs, B., Diepstra, H., Wilton, A. S., Brown, H. K., McGarry, C., & Lunsky, Y. (2018). Health Concerns and Health Service Utilization in a Population Cohort of Young Adults with Autism Spectrum Disorder. *Journal of autism and developmental disorders, 48*(1), 36–44. https://doi.org/10.1007/s10803-017-3292-0

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What are 'mental health problems' in the context of developmental disability?

❯ Emotional and behavioural problems that lead to significant difficulties beyond challenges from the disability

❯ Mental health problems happen when the causes of distress outweigh a person's resources

No Distress
Satisfied, content

Mental Distress
Upset, annoyed, sad, unhappy, angry, bitter, blue, down, sorry, glum, forlorn, disconsolate, distressed, despondent, dejected, heartbroken, pessimistic

Mental Health Problem
Sorrowful, demoralized, grieving, mournful, despairing

Examples of Mental Disorder Diagnoses:
Depression, anxiety, psychosis

Autism Mental Health Literacy Project (AM-HeLP) Group. (2021). *Mental Health Literacy Guide for Autism*. Retrieved from: https://www.yorku.ca/health/lab/ddmh/am-help/
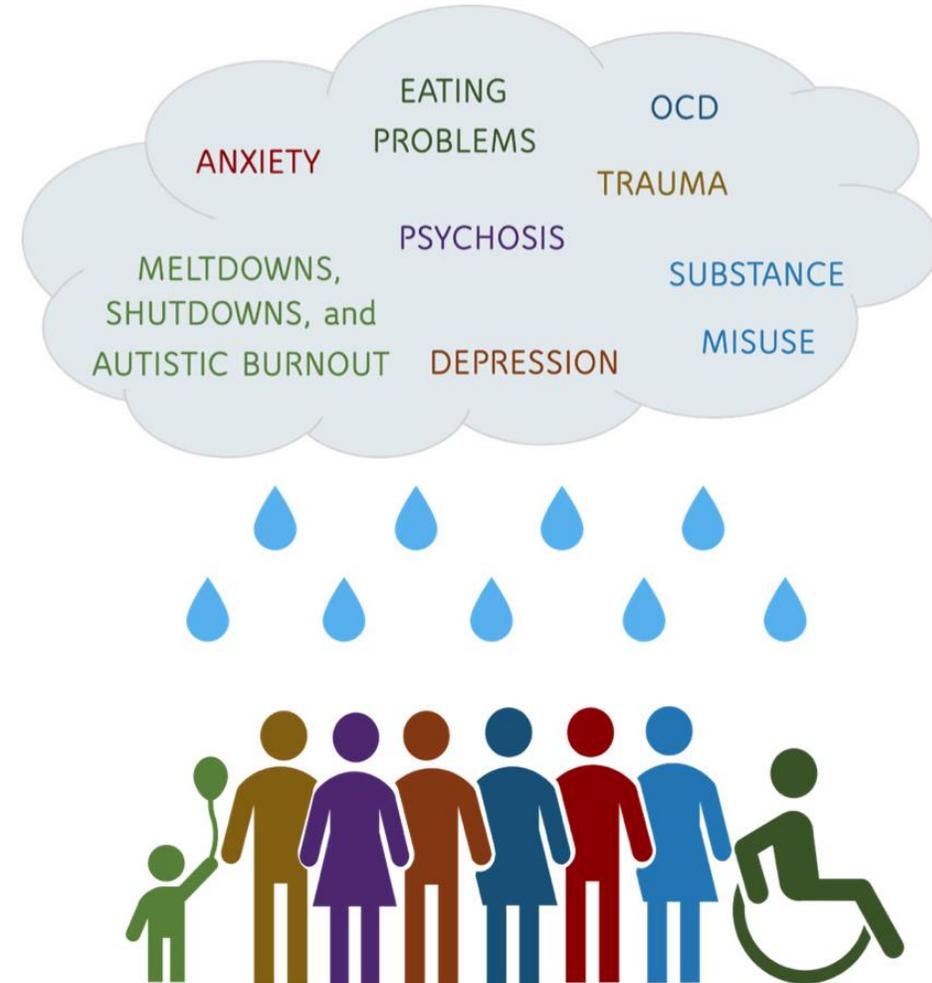
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Identifying mental health problems by knowing the person's usual

Know 'usual' on a regular day

Changes from that usual

Recognizes uniqueness of each person

Pay attention to thinking, feeling, and body changes

ANXIETY

EATING PROBLEMS

OCD

TRAUMA

PSYCHOSIS

MELTDOWNS, SHUTDOWNS, and AUTISTIC BURNOUT

DEPRESSION

SUBSTANCE MISUSE

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EXAMPLE ANSWERS

What's YOUR 'NORMAL'?

What is this toolkit?

If you are an autistic person, or know an autistic person who wants to help people around them understand what their normal is, this tool can help.

The 'know your normal' tool allows you to describe what your normal looks like, things such as how much sleep you get, how much time you spend on your interests and hobbies and how this makes you feel, so that if this changes, it's easier to explain to people who may not understand your autism that something feels different.

Ambitious about Autism

When do I normally go to sleep and wake up?

22:45 Sleep   6:15 Wake up   7½ Total hours

Do I find it easy to fall asleep when I go to bed?

Wide awake — Sound asleep

How happy about getting out of bed am I?

Not happy — Very happy

What's my normal sleep routine?
(Do I wake up in the night? Or do I have a pre-bed routine?)

I occassionally wake up in the night then go back to sleep again.

How much energy do I have during the day?

No energy — Full of energy

Do I like to spend time with my family? Yes   No

The people in my family I'm closest to are:

My sister supports me through the hard times.

Do I like to spend time with friends or other people or do I prefer to spend time alone?

On own — With others

What do I like doing with friends?

Going to the cinema + getting pizza.

How does spending time with friends make me feel?

Not happy — Very happy

Do I have any imaginary friends? Yes   No

Do I talk to myself? Yes   No

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At the individual level

> Biological determinants
  - Genetics: Many of the genetic causes of intellectual disability are also associated with mental health problems (Owen, 2012)
  - Brain mechanisms: Shared brain structures and neurotransmitters (Bertolo et al. 2025)
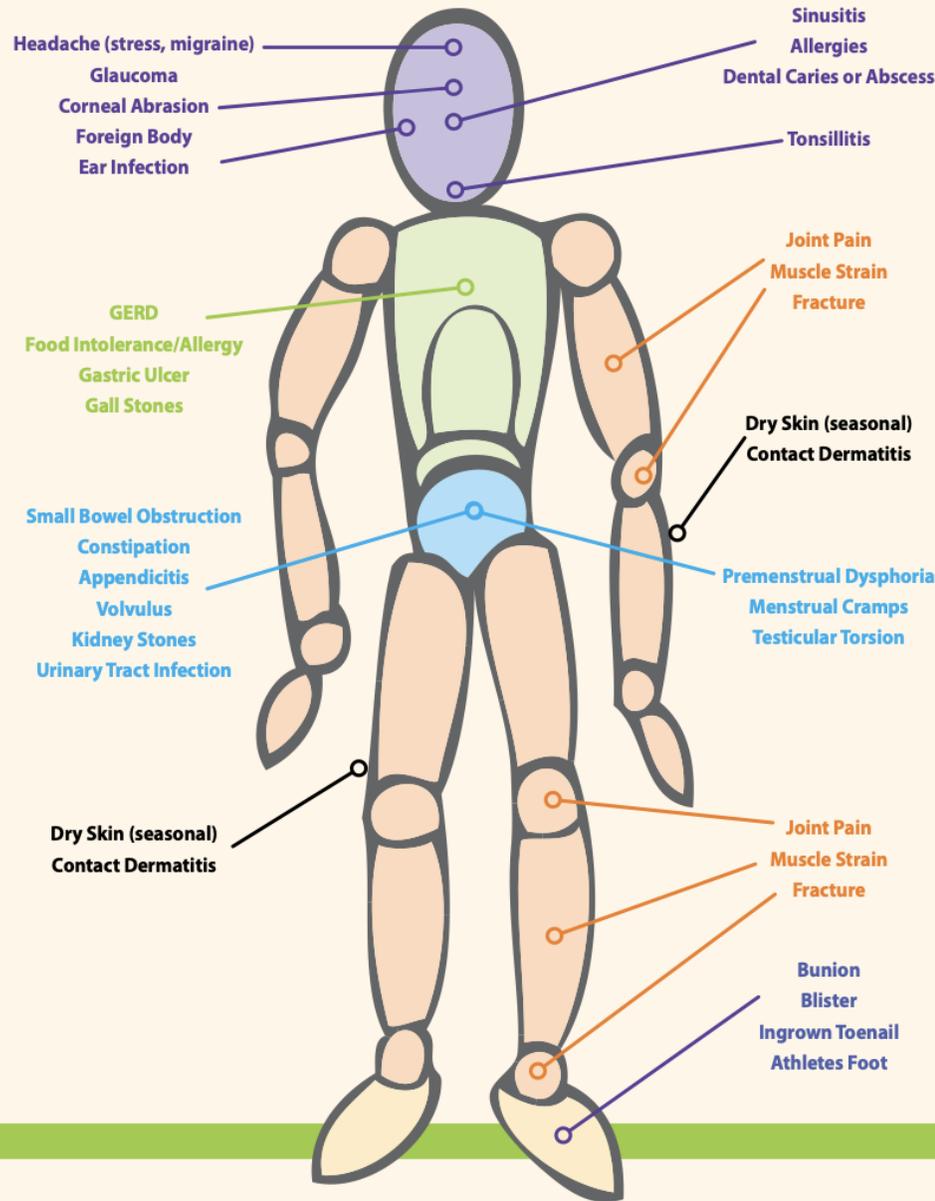 - Physical health: More physical health problems = more mental health problems (Doan et al., 2023)

Condition	Intellectual disability (N = 8,021)	No intellectual disability (N = 1,359,500)	Risk*
Epilepsy	18.8%	0.8%	31x
Constipation	14%	2.5%	11x
Visual impairment	3.2%	0.6%	8x
Hearing loss	8.2%	3.8%	3x
Indigestion	10.3%	5.5%	2.5x
Psoriasis or eczema	1.7%	0.7%	2.4x
Thyroid issues	7.9%	5%	2.4x

(Cooper et al. 2015)   *Correcting for age, sex and deprivation

Condition	Autism (N = 5,095)	Neurotypical (N = 393,263)	Risk*
Diabetes	1.67	0.65	2.8x
Hypertension	1.67	0.83	2x
Asthma	24.42	20.59	1.1x
GP visit	68.36	68.62	1.3x
Pediatrician visit	7.91	2.15	4.0x
Neurologist visit	5.77	1.01	6.9x
Gastroenterologist visit	1.14	0.77	1.7x
Respirologist visit	0.29	0.21	1.5x

(Weiss et al. 2018)   *age, sex, rurality, and neighbourhood income

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Biological vulnerabilities lead to psychological distress

Body Map of Common Pain Syndromes

Headache (stress, migraine)
Glaucoma
Corneal Abrasion
Foreign Body
Ear Infection

Sinusitis
Allergies
Dental Caries or Abscess

Tonsillitis

GERD
Food Intolerance/Allergy
Gastric Ulcer
Gall Stones

Joint Pain
Muscle Strain
Fracture

Dry Skin (seasonal)
Contact Dermatitis

Small Bowel Obstruction
Constipation
Appendicitis
Volvulus
Kidney Stones
Urinary Tract Infection

Premenstrual Dysphoria
Menstrual Cramps
Testicular Torsion

Dry Skin (seasonal)
Contact Dermatitis

Joint Pain
Muscle Strain
Fracture

Bunion
Blister
Ingrown Toenail
Athletes Foot
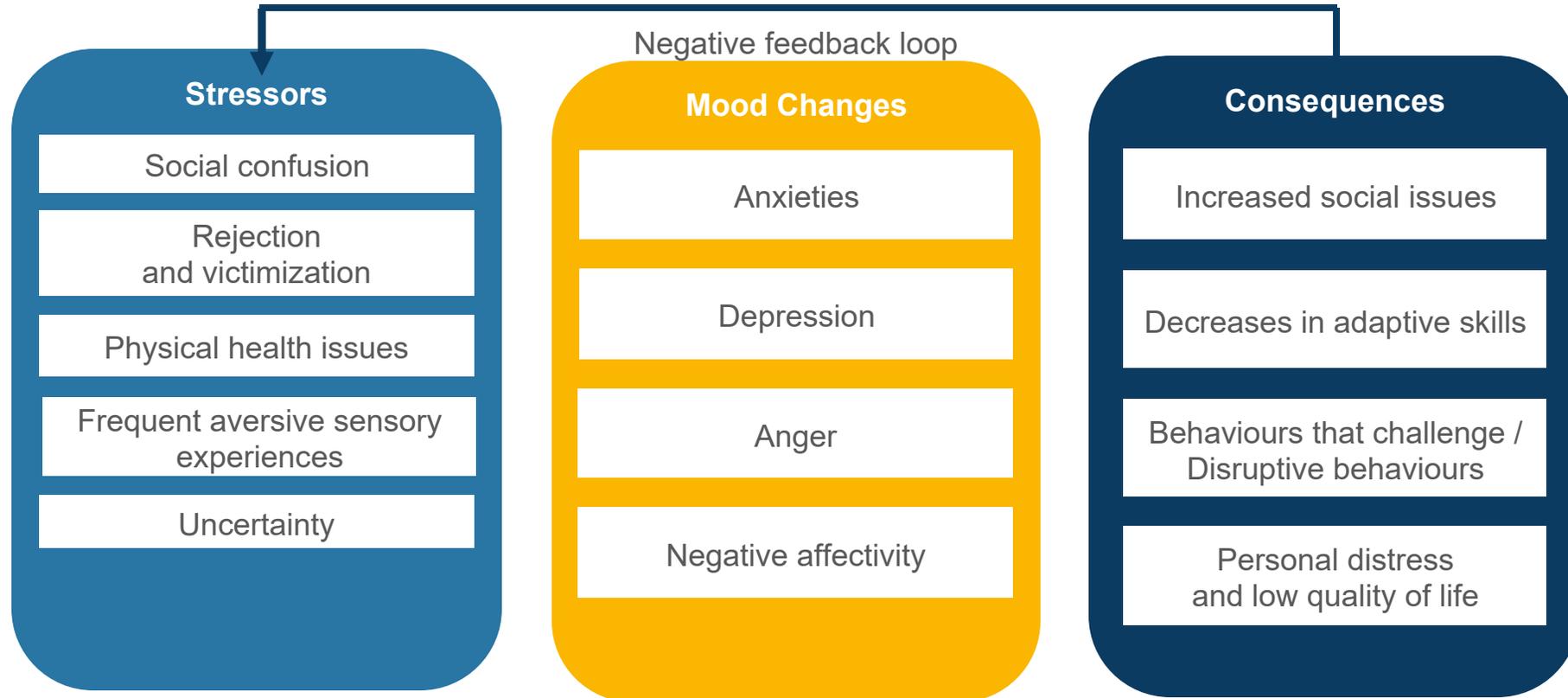
DUAL DIAGNOSIS   healthytransitionsny.org   15

◦ From: https://healthytransitionsny.org/wp-content/uploads/2014/01/dualdiagnosiscaregiverguidefinal2011.pdf

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At the individual level

- Cognitive / learning profile
  - May lack protective factors against stressors
    - Memory, Problem solving, Communication, Understanding
    - Self-advocacy and self-determination

- Risk of poor self-concept
  - Learned helplessness
  - Externally driven
  - Hypersensitivity

- Adaptive behaviour
  - Anxiety is positively correlated with deficits in communication, social, and activities of daily leaving

Koskentausta, T., Iivanainen, M., & Almqvist, F. (2007). Risk factors for psychiatric disturbance in children with intellectual disability. *Journal of Intellectual Disability Research*, *51*(1), 43-53.

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At an individual level

Negative feedback loop

Stressors
- Social confusion
- Rejection and victimization
- Physical health issues
- Frequent aversive sensory experiences
- Uncertainty

Mood Changes
- Anxieties
- Depression
- Anger
- Negative affectivity

Consequences
- Increased social issues
- Decreases in adaptive skills
- Behaviours that challenge / Disruptive behaviours
- Personal distress and low quality of life

Comprehensive Evaluation and Treatment of Behaviors in People with Developmental Disabilities

Describe Behavior

decision framework

Evaluate & Diagnose → **Treat**

Re-Evaluate

Physical Health

Also consider:
- Medication side effect
- Nutritional deficiency
- Sleep disorder
- Vision Loss
- Hearing loss
- Thyroid disorder
- Low blood sugar
- Seizures
- Substance abuse

- Medical Care

Learned Behavior	Dysfunctional behavior that is "rewarded" with attention or that gets the individual out of a non-preferred activity	• Functional Behavioral Assessment • Behavior Management Plan • Promote Positive Behaviors
Sensory Issues	Intolerance to noise level, lighting, crowded situations, temperature, etc.	• Occupational Therapy Evaluation • Sensory Diet
Change in Routine	New aide, program, location, transportation, etc.	• Visual Schedule • Social Stories • Counseling
Inadequate Communication	Frustration due to inability to communicate effectively	• Speech/Language Evaluation • Augmentative and Alternative Communication (AAC)
Caregiver Stress	• Physical exhaustion • Sleep deprivation • Financial stress • Marital distress • Social isolation • Psychiatric condition	• Respite • Counseling • Circle of Support • Medical Treatment • Psychiatric Care
Quality of Life	• Social isolation • Lack of excercise • No outdoor activities	• Self Determination • Circle of Support

Mental Health

Formal evaluation using *Diagnostic Manual-Intellectual Disability (DM-ID): A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability*
http://www.dmid.org/

- Psychiatric Care

Re-Evaluate

A-B-C Chart

Antecedent-Behavior-Consequence Chart Instructions:

Write down when and where behaviors occur, and what happens right before and right after a behavior. Do this for several days and in a variety of settings. The A-B-C chart can help to identify whether there is a pattern to the behaviors.

DATE/TIME	SETTING	WHAT HAPPENS RIGHT BEFORE	BEHAVIOR	WHAT HAPPENS RIGHT AFTER

So much has to do with context

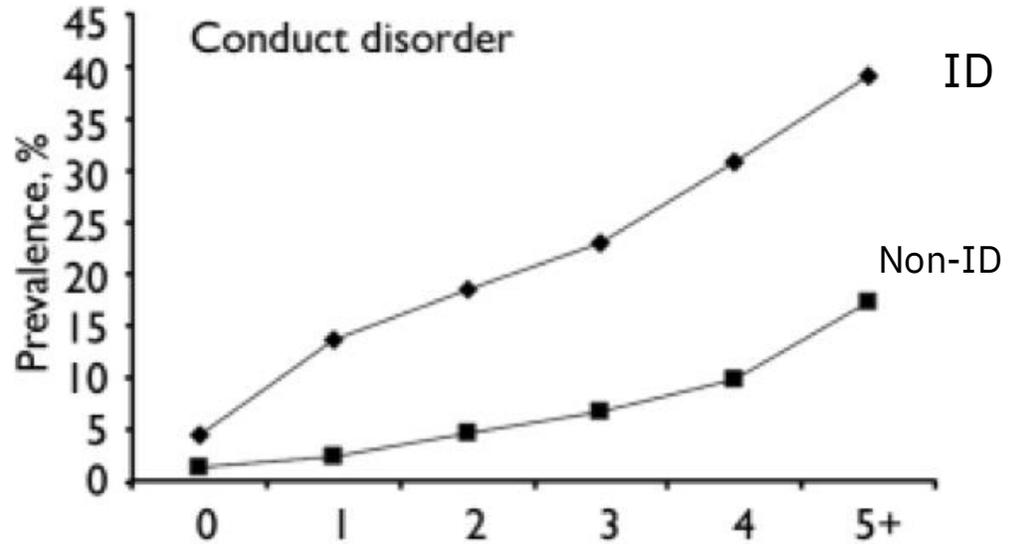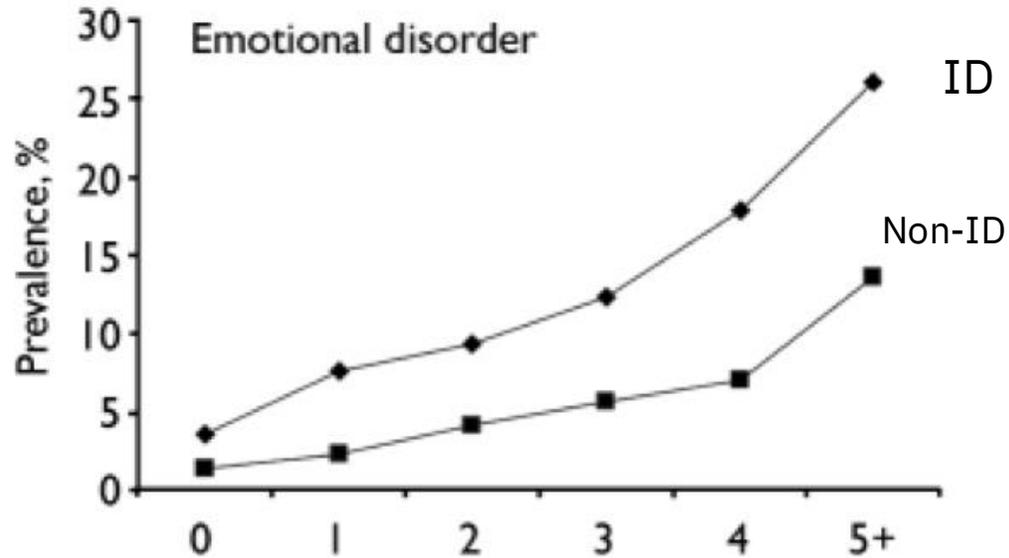# The contribution of social vulnerabilities

In 18,415 UK children and teens	With DD n = 641	Without DD n = 17774	Odds ratio
Lone parent family	30%	23%	1.4
Income poverty	47%	30%	2.1
Exposure to > 2 negative life events	37%	24%	1.9
Poor family functioning	27%	18%	1.7
Primary caregiver with little education	38%	20%	2.5
Unemployed household	30%	14%	2.5
Mother with mental health problem	33%	24%	1.6
Mother with poor physical health	20%	6%	3.8
Exposure to => 3 risk factors	46%	24%	2.6

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*, *191*(6), 493-499.

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Family socioeconomic position and household wellbeing matters

Chart legend: ■ ID ■ No ID

Y-axis: 0, 5, 10, 15, 20, 25, 30, 35, 40, 45

X-axis categories: Separated parents, Hospitalization, Police involvment, Death of friend, Family loss, Witness of domestic violence, Physical abuse, Sexual abuse

Emerson, E., & Hatton, C. (2007). Contribution of socioeconomic position to health inequalities of British children and adolescents with intellectual disabilities. *American Journal on Mental Retardation*, *112*(2), 140-150.

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Emotional disorder

ID

Non-ID

Conduct disorder

ID

Non-ID

More social risk factors dramatically increases the rate of mental health problems

Youth with DD experience MORE risk factors

The impact of these risk factors is greater for youth with DD

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*, *191*(6), 493-499.

What do guidelines say about evidence-based interventions for mental health problems?

Prevention

Early brief interventions, problem focused

Comprehensive treatment

Well   Becoming unwell   Unwell   Recovery
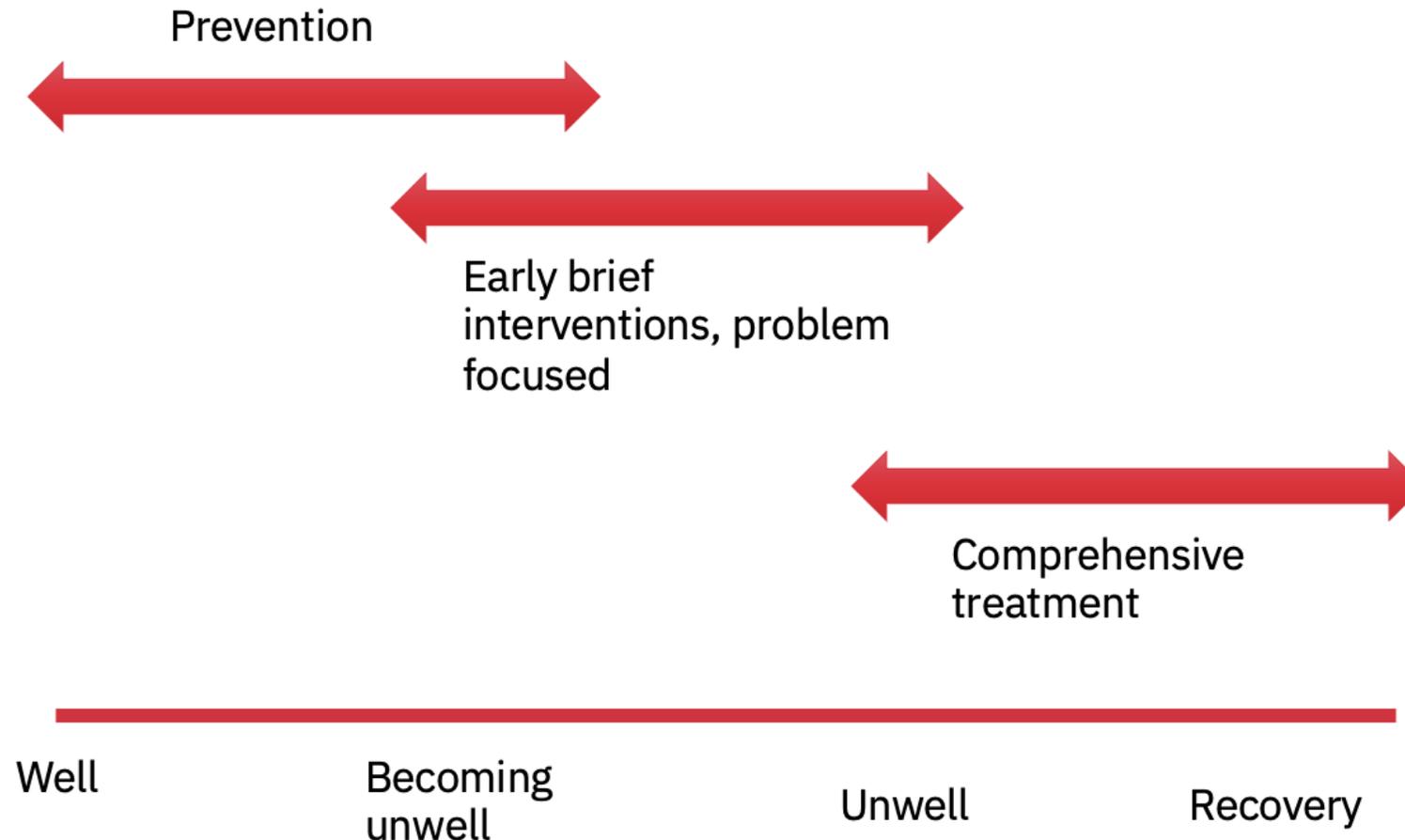
Kitchener, B., Jorm, A., Kelly, C., Pappas, R., & Frize, M. (2010). *Intellectual Disability Mental Health First Aid Manual.*

Siegel, M., McGuire, K., Veenstra-VanderWeele, J., Stratigos, K., & King, B. (2020). Practice Parameter for the Assessment and Treatment of Psychiatric Disorders in Children and Adolescents With Intellectual Disability (Intellectual Developmental Disorder)) Committee on Quality Issues (CQI). In *J Am Acad Child Adolesc Psychiatry* (Vol. 59, Issue 4). www.jaacap.org

Deciding on what is 'effective' in terms of mental health problem treatment

› Just because it has not yet been researched with an autistic person specifically, or at a specific age, does not mean it will not helpful

"Important to note, there is not research to suggest that DBT is ineffective for [autistic] clients and, unfortunately, such treatments are often not available for [autistic] clients. For example, one parent who was trying to secure [emotion regulation] treatment for her bright teenage son reached out to us with this story: "I heard back from the medical director at the DBT center I called, and he said DBT isn't very effective for clients on the spectrum. This isn't the first time that I've heard that traditional DBT does not work for autistic patients."

White, Conner, Beck & Mazefsky (2021, p. 2)

White, S. W., Conner, C. M., Beck, K. B., & Mazefsky, C. A. (2021). Clinical Update: The Implementation of Evidence-Based Emotion Regulation Treatment for Clients with Autism. In *Evidence-Based Practice in Child and Adolescent Mental Health* (Vol. 6, Issue 1, pp. 1–10). Routledge. https://doi.org/10.1080/23794925.2020.1796551

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Interventions must improve social context

"

Approaches to reducing the personal, social and economic costs associated with psychiatric disorders …should focus on: (a) reducing their exposure to adverse social conditions; (b) building the resilience of children with intellectual disabilities (and their families) when prevention of exposure to adversity cannot be guaranteed

Emerson & Hatton, 2007, p. 497

"

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*, *191*(6), 493-499.

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If we only focus on the negative

The absence of mental health problems is not the same thing as good mental health

- *If I were to ask you to describe how mentally healthy you are, what words would you use?*

Positive outcomes need to be defined by positive constructs

- *If I were to ask you to describe what successful living means to you, what words would you use?*

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Positive Dimensions: Thriving & Flourishing

THE JOURNEY: THRIVING

- Actively growing, overcoming adversity, and making progress

- You can thrive in a challenging environment, but you may not fully flourish because the context is difficult

- Thriving involves **resilience**

THE END POINT: FLOURISHING

- Comprehensive, harmonious, and sustainable life

- Living well in all domains, including contributing to the common good

- From the latin: *florere* ("to bloom, blossom, flower")

Dr. VanderWeele; Human Flourishing Program

Thriving

Competence
- *They have the skills to succeed in school, in social situations with friends and adults, in play, and at home. They know how to behave and does what is needed to do well.*

Confidence
- *Can succeed and do what is needed to do well in the family, in school, in social situations with friends and adults, in play and in other areas that are important to them.*

Contribution
- *They try to do things to help the family, neighbours, and community. They also try to help themselves by staying healthy.*

Connectedness
- *Positive relationships with their parents, siblings, and other family members, and with friends, teachers, coaches, or mentors*

Character
- *They know what is right and wrong; and does the right thing; They are honest.*

Caring
- *Cares about other people. They are concerned about whether others have what they need (shows sympathy) and shows a sense of compassion (empathy). They are sympathetic and empathetic to others.*

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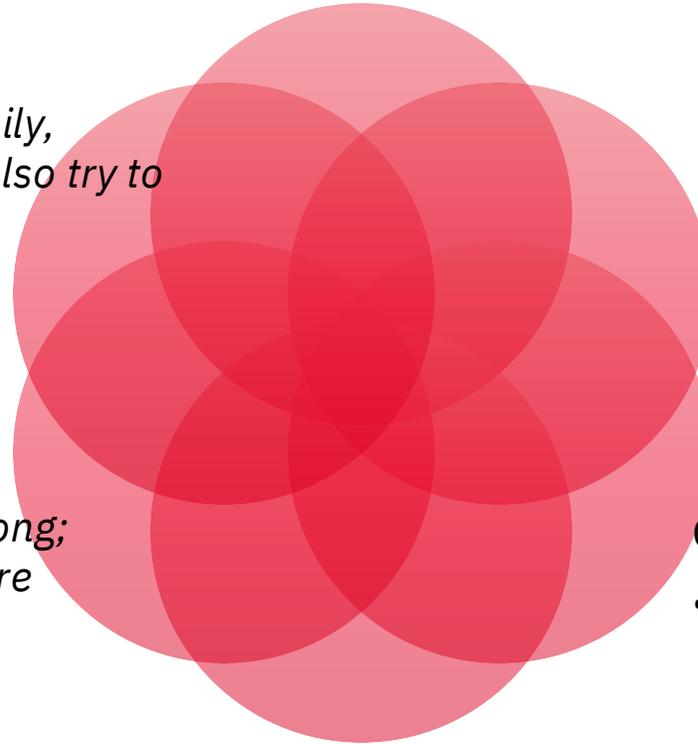
Less thriving

> Autistic youth with ID are reported to achieve less thriving than their peers with ID overall (p < .001)

% agree (y-axis, 0–100)

Categories (x-axis): Competence, Confidence, Connectedness, Caring, Character, Contribution

Legend:
- Autism+ID (red)
- ID only (light purple)

Weiss, J. A., & Burnham Riosa, P. (2015). Thriving in youth with autism spectrum disorder and intellectual disability. *Journal of Autism and Developmental Disorders, 45(8),* 2474-2486.
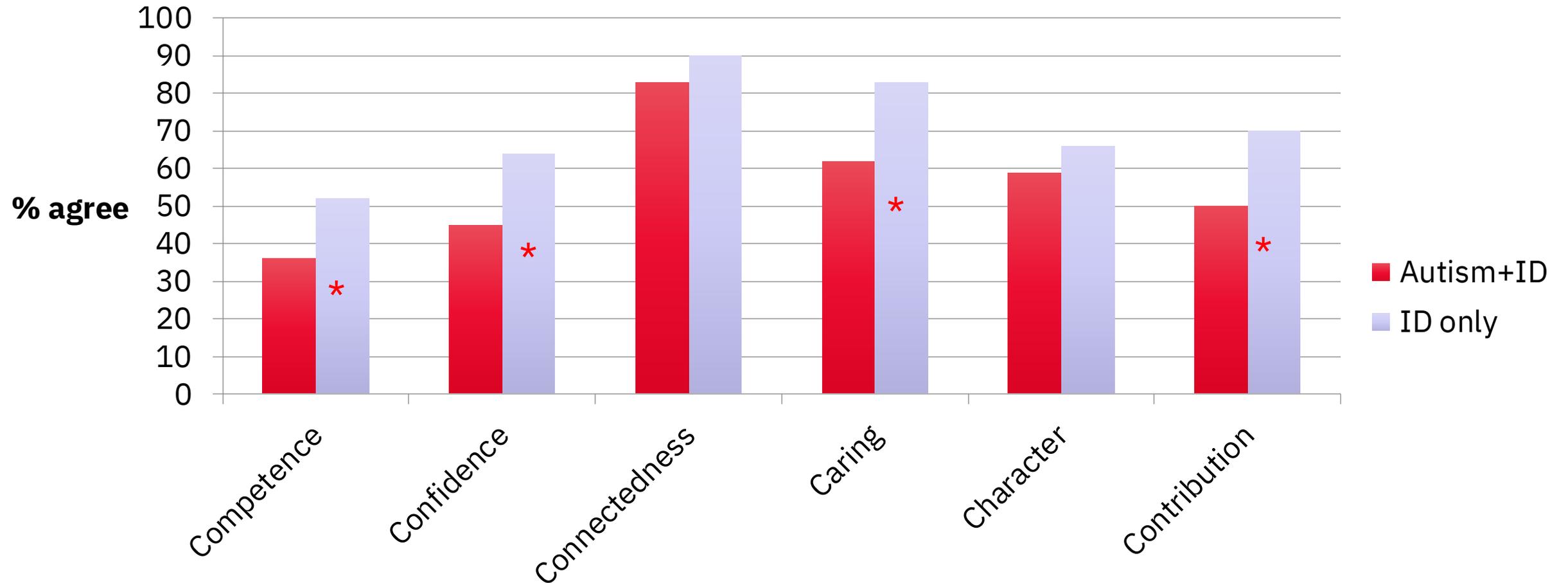
Why were autistic youth with ID thriving less than their peers?

> Similar adaptive skills and intellectual ability
> Similar level of community involvement (which was low)

> Less social and communication skills
> **Less meaningful participation at home and at school***

> **We can program for the positive**
> • **Improve social and communication skills**
> • **Improve meaningful participation**

Weiss, J. A., & Burnham Riosa, P. (2015). Thriving in youth with autism spectrum disorder and intellectual disability. *Journal of Autism and Developmental Disorders, 45(8),* 2474-2486.

The ability to **bounce back after difficulty** or adversity

The capacity to **adapt positively to stress** and recover from emotional setbacks

A **protective factor** for mental health and wellbeing

The ability to prevail over negative, or even tragic, life circumstances

The ability to **adapt to difficult situations** that cannot be changed

What is Resilience?

Resilience Beyond Rugged Individualism

Role of Supportive Environment

Success depends on more than individual traits; a nurturing environment is important

Navigation for Resources

Resilience involves finding and accessing resources in one's surroundings through purposeful exploration

Negotiation for Meaningful Support

Individuals must advocate for resources to be provided in ways that hold cultural significance for them
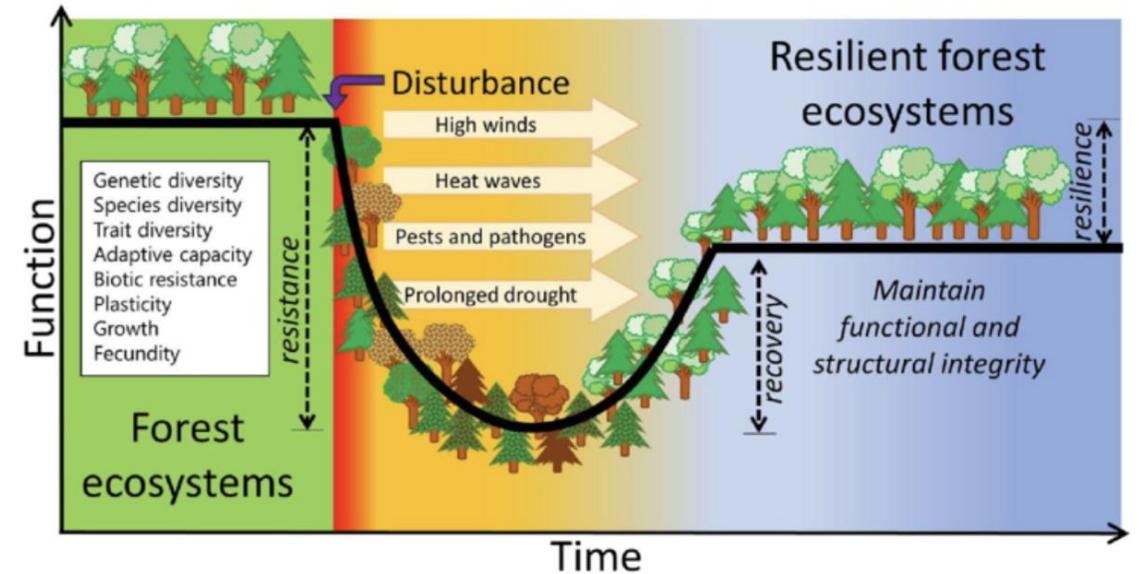
Conceptualisation of resilience in forest ecosystems over time following a disturbance event, adapted from Llore et al. (2011). The black line represents variation in a function relating to forest eco-

Ungar, M., & Jefferies, P. (2021). Becoming More Rugged and Better Resourced: The R2 Resilience Program's© Psychosocial Approach to Thriving. *Frontiers in Psychology, 12*, 745283. https://doi.org/10.3389/fpsyg.2021.745283

What goes into resilience (and thus to thrive) –Individual and Context

Rugged Qualities: Gratitude, Self-confidence, Physical Activity, Optimism, Nutrition, Problem-solving, Sleep, Mindfulness. Needed Resources: Structure, Accountability, Basic Needs, Supportive Relationships, Culture, A Powerful Identity, Fair Treatment, A Sense of Control.

https://resilienceresearch.org/welcome-r2/

Ungar, M., & Jefferies, P. (2021). Becoming More Rugged and Better Resourced: The R2 Resilience Program's© Psychosocial Approach to Thriving. *Frontiers in Psychology, 12,* 745283. https://doi.org/10.3389/fpsyg.2021.745283

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Using a mental health framework

Key ecological assets in school, family, and community:
- Positive people
- Physical and institutional resources
- Collective activity
- Positive **opportunities**

Key individual strengths:
- Self-regulation
- Academic
- Cognitive
- Social
- Physical
- Emotional

Resilience &Thriving
Competence
Confidence
Connections
Character
Caring
Contribution

Lerner, R. M., Lerner, J. V., von Eye, A., Bowers, E. P., & Lewin-Bizan, S. (2011). Individual and contextual bases of thriving in adolescence: a view of the issues. *Journal of adolescence*, *34*(6), 1107–1114. https://doi.org/10.1016/j.adolescence.2011.08.001

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Thriving to Flourishing
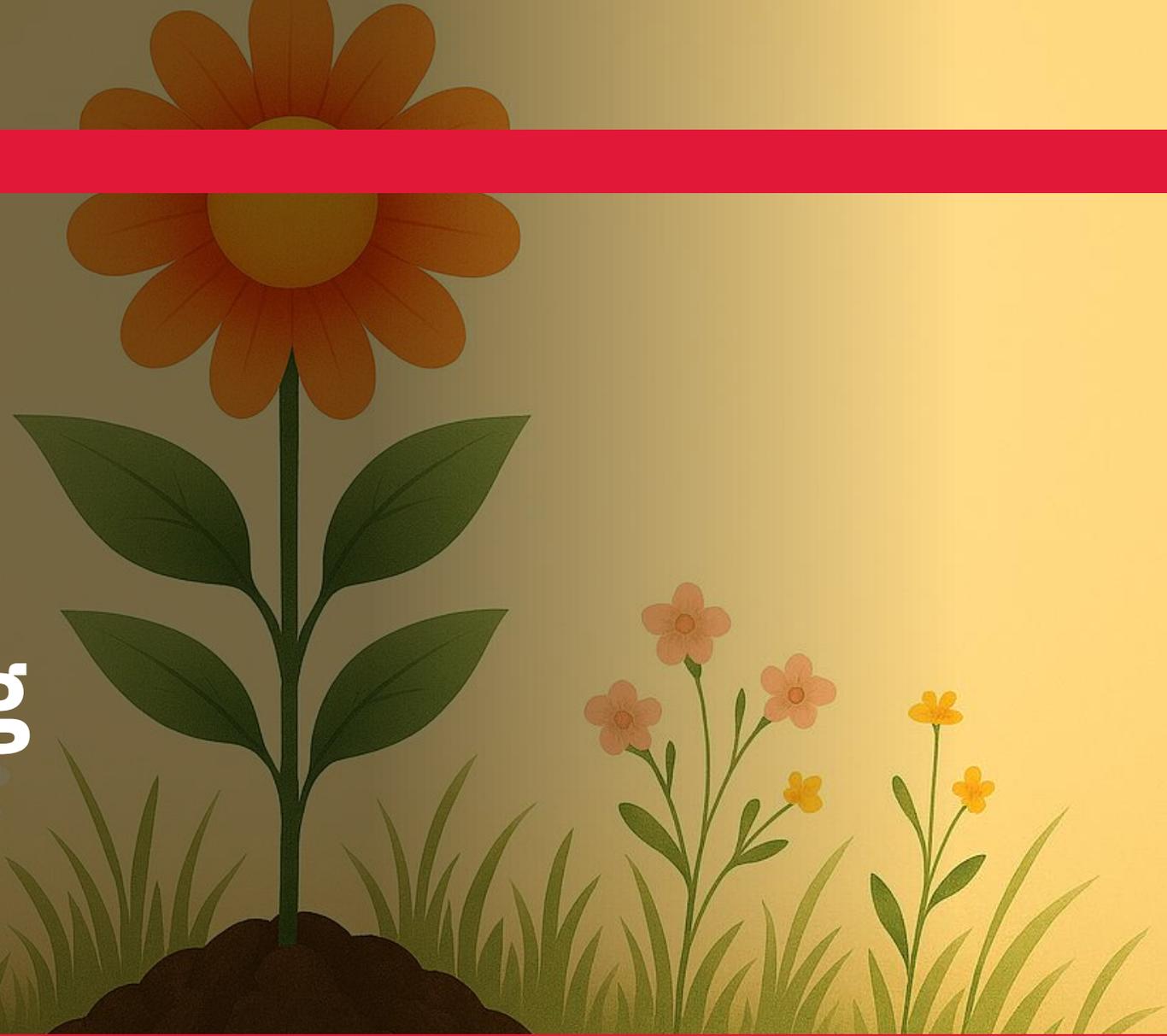
Flourishing

- **Hedonic well-being**

  - Pleasure, happiness, and life satisfaction

  - Subjective feelings of joy, comfort, and the absence of negative emotions.

- **Eudaimonic well-being**

  - The sense of meaning, purpose, personal growth, and self-realization

  - Living in accordance with one's values, fulfilling one's potential, and contributing to something greater than oneself

High Positive Mental Health
High positive emotion, high life satisfaction, high levels of perceived social or psychological well-being

Moderate Positive Mental Health

Low Positive Mental Health
Low positive emotions and low life satisfaction, low levels of perceived social or psychological well-being
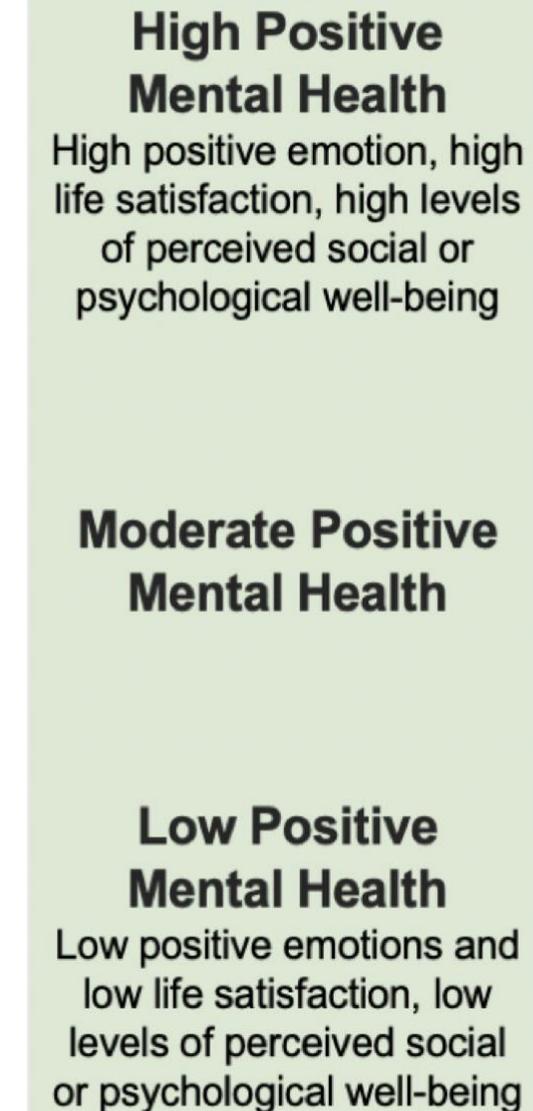
Context: Supporting families

❯ The health of the family interacts with the health of the individual

❯ Supporting caregivers is critical
  • Parent psychological resources: Empowerment, psychological acceptance, focused coping at the right time
  • Family respite, timed social support from the right people
  • Positive engagement with systems of care

❯ Acceptance and Commitment Therapy Workshops (Maughan et al. 2024)
  • Get trained to deliver workshops here:
  • https://www.actforcaregivers.com

Maughan, A. L., Lunsky, Y., Lake, J., Mills, J. S., Fung, K., Steel, L., & Weiss, J. A. (2024). Parent, child, and family outcomes following Acceptance And Commitment Therapy for parents of autistic children: A randomized controlled trial. *Autism*, *28*(2), 367-380.

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Positive peers

> **B**etter quality of life
  - Young adults who report affectionate and frequent contact with their social network have higher perceived quality of life (Friedman & Rizzolo, 2017)

  - Positive peer relationships are correlated with positive outcomes across safety, health, autonomy, and community inclusion (National Core Indicators data)

Understanding Special Olympics Experiences from the Athlete Perspectives Using Photo-Elicitation: A Qualitative Study

Jonathan A. Weiss, Priscilla Burnham Riosa[1], Suzanne Robinson, Stephanie Ryan, Ami Tint, Michelle Viecili, Jennifer A. MacMullin and Rebecca Shine

Department of Psychology, York University, Toronto, ON, Canada

Theme 1: Connectedness

Theme 2: Training in Sport

> ·**Happiness and emotional well-being**
  → Perceived social support from friends and family predicted higher positive mood and life satisfaction over time (Lunsky & Benson, 2001)

•Friedman, C., & Rizzolo, M. C. (2017). Friendship and quality of life: The importance of relationships in the lives of people with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities*, 29(6), 785–798. https://doi.org/10.1007/s10882-017-9555-1
•Lunsky, Y., & Benson, B. A. (2001). Association between perceived social support and strain, and positive and negative outcomes for adults with mild intellectual disability. *Journal of Intellectual Disability Research*, 45(2), 106–114. https://doi.org/10.1046/j.1365-2788.2001.00334.x
•National Core Indicators. (n.d.). Data brief: Relationships and community inclusion among individuals with intellectual and developmental disabilities. National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. Retrieved from https://www.nationalcoreindicators.org/

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Positive opportunities

> **Recreation participation is linked to higher life satisfaction and emotional well-being**
> → Engage in leisure activities report greater happiness and quality of life (Diz et al., 2024)
> → Recreational involvement **buffers** the negative effects of stress and supports better coping and emotional regulation (Bishop-Fitzpatrick et al., 2017)

> **Sports and group activities enhance self-esteem and confidence**
> → Participation in programs like Special Olympics is associated with increased self-worth and pride (Crawford, Burns, & Fernie, 2015).
> → Individuals with broader recreational involvement are more likely to feel respected, connected, and included in their communities (Giordano et al., 2016)

THE WALL STREET JOURNAL.

Home   World   U.S.   Politics   Economy   Business   Tech   Markets   Opinion   Arts   Lif

The Right Fit
For the Virginia study, a control group of high-school seniors with autism remained in their regular schools, receiving their usual individualized education programs, while a treatment group spent the year in an intensive, custom-designed study and job-training program at a suburban hospital. The two hospitals participating in the study were Bon Secours St. Mary's Hospital in Henrico County, Va., and Bon Secours St. Francis Hospital in Midlothian, Va.

Damien Jenerette became a pharmacy technician at Bon Secours St. Mary's Hospital. *JENNIFER T. MCDONOUGH*

Badia, M., Orgaz, M. B., Verdugo, M. Á., & Ullán, A. M. (2013). Relationships between leisure participation and quality of life of people with developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, 26(6), 533–545. https://doi.org/10.1111/jar.12051

Bishop-Fitzpatrick, L., Smith DaWalt, L., Greenberg, J. S., & Mailick, M. R. (2017). Participation in recreational activities buffers the impact of perceived stress on quality of life in adults with autism spectrum disorder. *Autism Research*, 10(5), 973–982. https://doi.org/10.1002/aur.1753

Crawford, C., Burns, J., & Fernie, B. A. (2015). Psychosocial impact of involvement in Special Olympics: A mixed methods study exploring perspectives of athletes with intellectual disabilities. *Research in Developmental Disabilities*, 45–46, 93–102. https://doi.org/10.1016/j.ridd.2015.07.009

Giordano, A., & Stancliffe, R. J. (2016). Community participation and quality of life outcomes of adults with intellectual and developmental disabilities. *Journal of Intellectual Disability Research,* 60(9), 865–875. https://doi.org/10.1111/jir.12269

Can we use photography to improve wellbeing?

› Therapeutic Photography (TP): Self-initiated photo-taking activities + mindful reflections of photos

- Self-guided; no therapist, accessibility and cost-effectiveness

- Self-Expression and Communication: Accessible, portable, and flexible tool for self-expression

- Creative: Represent experiences using metaphor, composition, and staging

- Reflection and Insight: Encourages reflection

- Meaning-Making: *Making sense of WHY I feel the way I feel. What do I see?*

Therapeutic photography to promote positive mental health

Each week, for 4 weeks, use a device (e.g., your phone, tablet, or camera) to take photos that are a part of well-being

H Happiness
C Connectedness
O Optimism
E Engagement
P Perseverance

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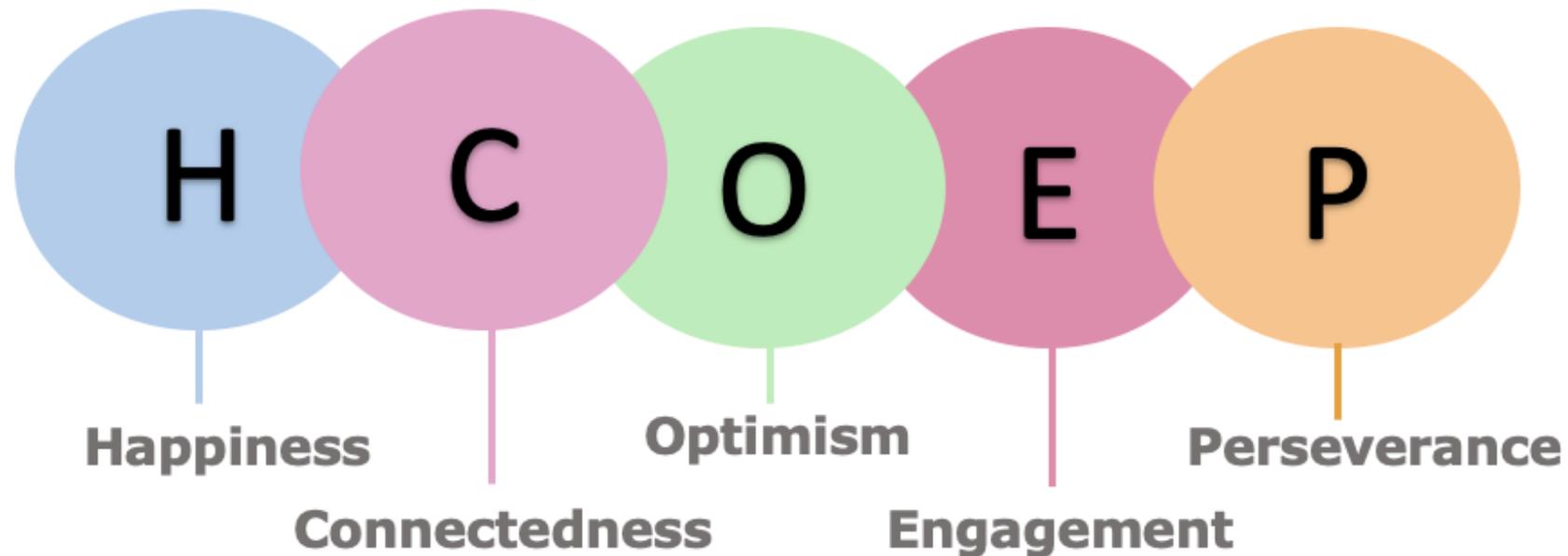
> Feeling generally **happy, cheerful, and content** with life. I feel happy when....

I spend time with my family

I take my dog to the park

Week 2: Connectedness

> Feeling **loved, supported, valued, and close** to others. I feel connectedness when...
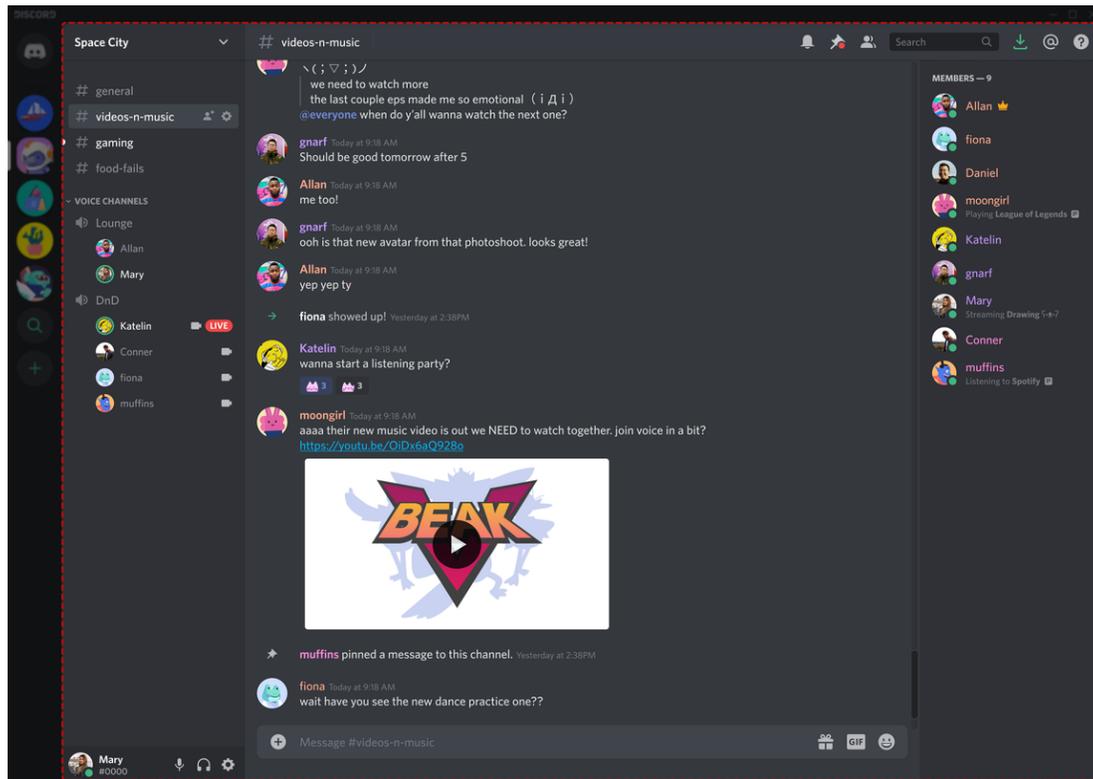
I participate in chats on Discord

I play boardgames with my friends

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> Having **hope and confidence about the future**. Believing things will always work out in a good way. I feel optimism when...

The flowers start to bloom

I'm getting ready for the day

❯ Engagement is being **involved, interested, or absorbed** in an activity or your environment, sometimes even spending a lot of time doing it. I feel engaged when I....

I cook

I play video games

I make a puzzle

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Week 4: Engagement & Perseverance

> Perseverance is **continuing to work towards something** (like a goal), even when its challenging. I feel perseverance when…

I keep going to the gym
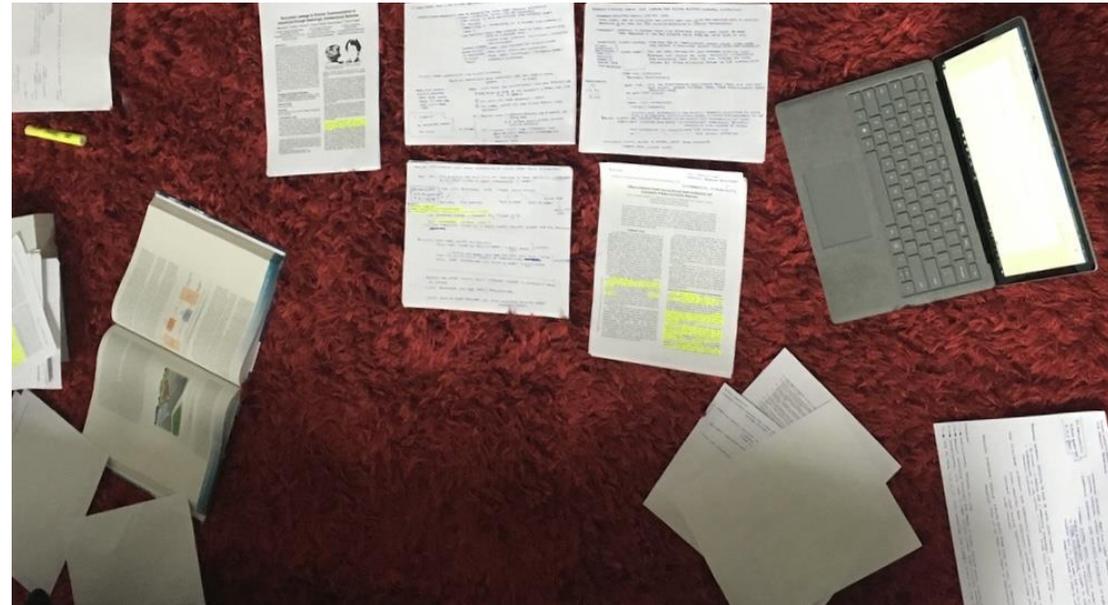
I work on my homework or a tough project

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What happens after I take my photos?

- When you upload your photos, you will answer 4 questions for each photo

- You can write OR record your answers

Participants

41 autistic youth, aged 16 – 25 years (M = 21 years)

39% Cisgender women; 22% non-binary

56% White

Many with anxiety disorders (71%) and depression (43%)

Most did not have intellectual disabilities

Charalampopoulou, M., Ibrahim, A., Prime, H., Eddy, N., Panetta, L., Brown, H., ... & Weiss, J. A. (2025). "It fostered a greater appreciation for my little corner of the world": A feasibility study of a therapeutic photography intervention for the well-being of autistic youth. *Autism*, *29*(11), 2774-2790.

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Results

IT WAS FEASIBLE

> 90% completed the intervention

> 83% completed all 4 weeks

> 86% agree that it was a positive experience

> There was very low negative impact of the intervention, but it did cause some stress and hard feelings at times

POTENTIALLY BENEFICIAL

> Improvement in meaning & purpose, p = .01, with a moderate effect

> In interviews
  - Benefits experienced in hedonic wellbeing and in feelings of connectedness, optimism and personal growth

Next steps: Focus specifically on adapting for youth with intellectual disabilities, with measures that we now know work for youth

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Take home messages

> Positive mental health is not just the absence of the negative
> - It is diverse: Enjoyment of life, growth, connection, mattering and a positive sense of self
> - The presence of meaningful relationships, roles, and enjoyable experiences

> Quality of relationships and meaningful community inclusion is central to flourishing
> - Individual strengths AND context

> Don't leave me out: The Dual Continuua Model
> - Program for the positive, not just the negative

> Photo-based projects may be a way in
> - To understand and change

No one size fits all

Shel Silverstein

THE MISSING PIECE
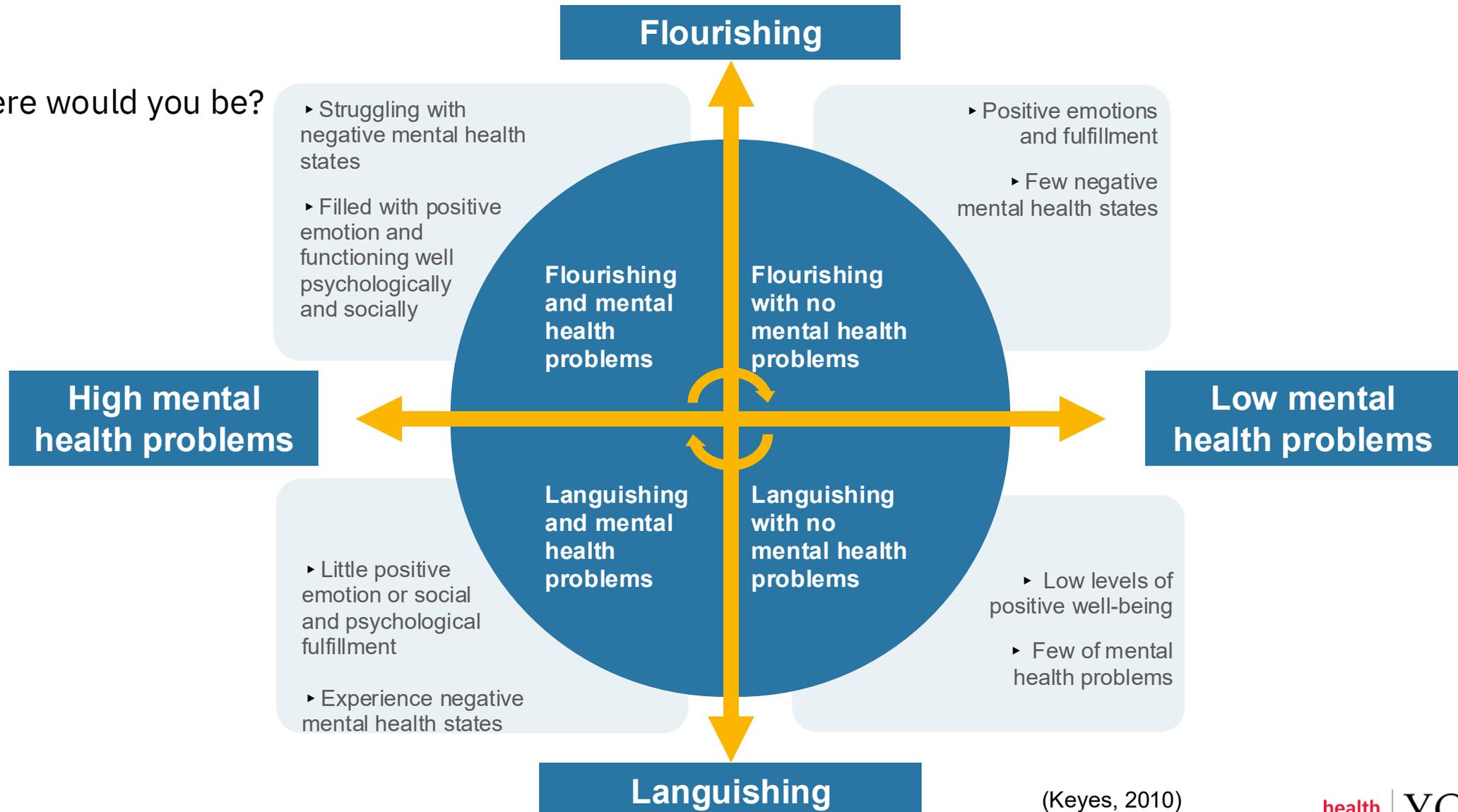
We need to plan for fit: Individual AND changes in context

> *The missing piece sat alone... waiting for someone to come along and take it somewhere*
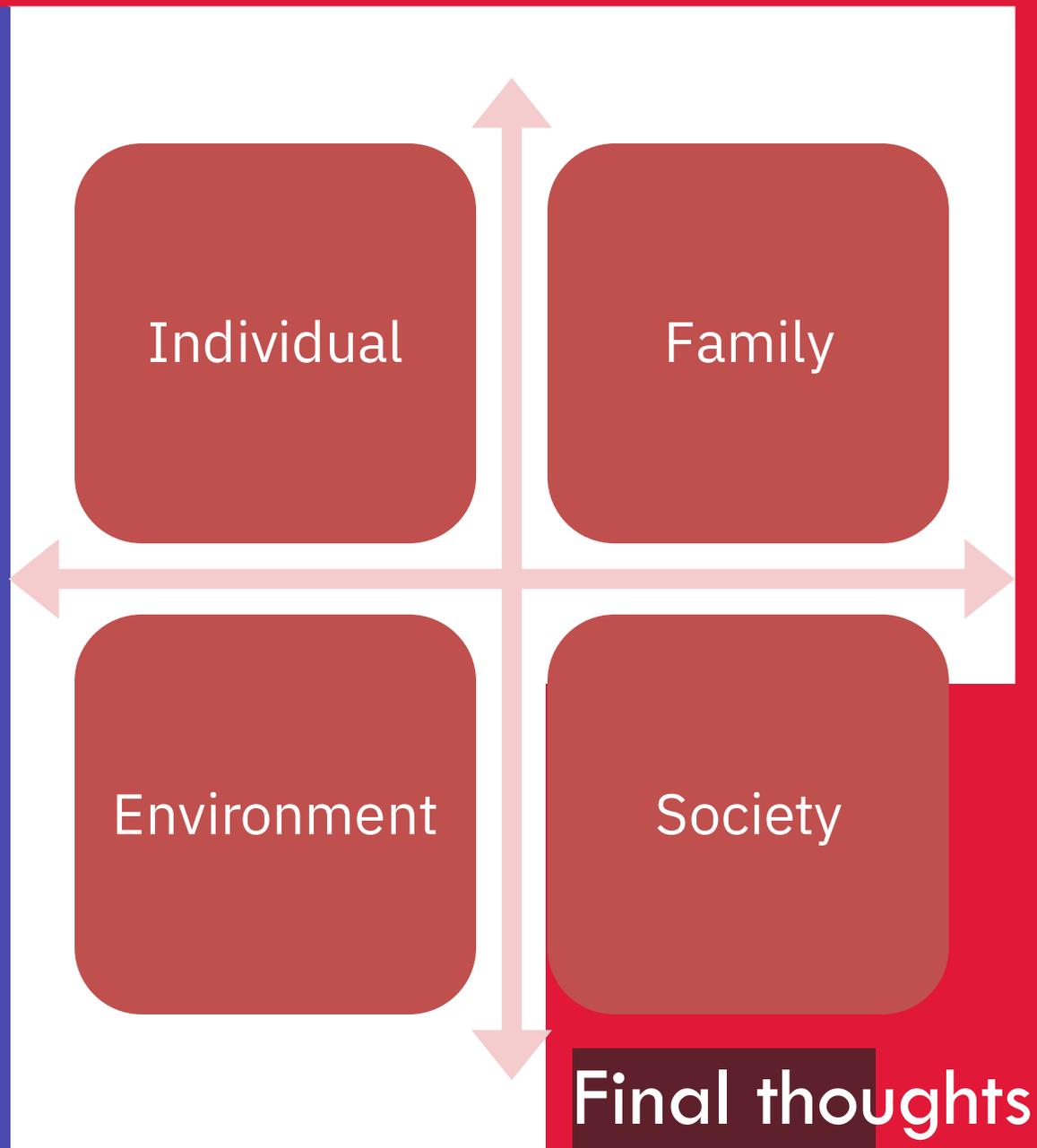
A 'dual continua' model

> Where would you be?

Flourishing

Struggling with negative mental health states

Filled with positive emotion and functioning well psychologically and socially

Positive emotions and fulfillment

Few negative mental health states

High mental health problems

Low mental health problems

Flourishing and mental health problems

Flourishing with no mental health problems

Languishing and mental health problems

Languishing with no mental health problems

Little positive emotion or social and psychological fulfillment

Experience negative mental health states

Low levels of positive well-being

Few of mental health problems

Languishing

(Keyes, 2010)

Keyes, C. (2010). The next steps in the promotion and protection of positive mental health. Canadian Journal of Nursing Research, 42, 17-28

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Individual | Family
Environment | Society

Final thoughts

- Skills to manage stress
- Good physical health and physical activity
- Sense of control over one's life

- Reciprocal, non-stressful relationships
- Caregivers who are nurtured and supported to promote mental health in those they care for

- A safe place to live and learn
- An environment with limited stresses
- Meaningful activities in community

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jonweiss@yorku.ca

**Developmental Disabilities Mental Health Lab
ddmh.yorku.ca**

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