

## Looking across health and healthcare outcomes for people with intellectual and developmental disabilities and psychiatric disorders: population-based longitudinal study

### What is the research about?

Intellectual and developmental disabilities (IDD) and mental health/addictions disorders (MHA) frequently occur together, but the impact of this combination is not often studied. This study compared how often adults with this combination (IDD+MHA) experienced five negative health and health system outcomes compared with adults who had only IDD (IDD-only) or only mental health/addictions disorders (MHA-only). We also looked at how different demographic, clinical, and system-level factors might affect these negative outcomes.

### What did the researchers do?

We linked health and Ontario Disability Support Program administrative data to identify Ontario adults aged 19 to 65 years old with IDD+MHA (n=29,476), IDD-only (n=35,223), and MHA-only (n=727,591). We looked at five outcomes: 30-day hospital readmission, 30-day repeat emergency department (ED) visit, delayed discharge from hospital, long-term care admission (LTC), and premature mortality. We looked at how often these five outcomes happened between 2010 and 2015 for people with IDD and/or MHA (crude models). We also considered whether other factors such as sex, age group, neighbourhood income, having other health problems, and the supply of local health care providers might contribute as well (adjusted models).

### What you need to know

Compared to adults without intellectual and developmental disabilities (IDD), adults with IDD consistently fared worse across five important health and health system outcomes. The poorer outcomes for adults with IDD, particularly those with both IDD and mental health/addictions disorders, suggest a need for a more comprehensive, system-wide approach spanning health, disability, and social support.

### What did the researchers find?

Those in the IDD+MHA group were the most likely to experience each of the five outcomes that were studied.

When other variables like age and sex were added to the analyses, the effect was to narrow the gap between the IDD+MHA group and the other groups. The IDD+MHA group still had the highest risk for experiencing a hospital readmission [adjusted odds ratio (aOR): 1.93 (1.88-1.99)], a repeat ED visit [aOR: 2.00 (1.98-2.02)], and LTC admission [adjusted hazard ratio: 12.19 (10.84-13.71)]. For delayed discharge from hospital, their risks were similar to the IDD-only group [aORs: (2.00 (1.90-2.11), 2.21 (2.07-2.36), respectively)]. For premature mortality, all three groups – that is, IDD+MHA, IDD-only, and MHA-only – had similarly high risks relative to the general population.

## How can you use this research?

This research found that adults with IDD and an MHA comorbidity in Ontario do worse across a range of health and health system outcomes both compared to the general population and compared to another at-risk group, specifically individuals with MHA diagnoses. This information should be used to influence policy and practice.

The finding that MHA disorders, which are quite common in those with IDD, predict poor outcomes over time, speaks to the importance of mental health services for this group. When considering intervention solutions, it is important to consider cross-cutting efforts that address all five outcomes and not just sector specific interventions. It will be critical to evaluate whether or not more comprehensive efforts can decrease the gaps between the IDD+MHA and other groups across the five outcomes measured.

## About the researchers

This project was led by researchers at the Centre for Addiction and Mental Health (CAMH) and the University of Ontario Institute of Technology (UOIT). Team members include Elizabeth Lin (CAMH), Robert Balogh (UOIT), Yona Lunsky (CAMH), Anna Durbin (St. Michael's Hospital), Hannah Chung (ICES), Tiziana Volpe (CAMH) and Kristin Dobranowski (UOIT).

## Do you want to know more?

- You can find more information about this research at [www.hcardd.ca](http://www.hcardd.ca).
- [Click here](#) to read the larger report that this study is based upon and [click here](#) to read the British Journal of Psychiatry publication.

## Citation

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## About H-CARDD

Health Care Access Research and Developmental Disabilities (H-CARDD) is a research program that aims to enhance the overall health and well-being of people with developmental disabilities through improved health care policy and services.

H-CARDD research is conducted by dedicated teams of scientists, policymakers, health care providers, people with disabilities and families working collaboratively. For more information: [www.hcardd.ca](http://www.hcardd.ca).

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