Evidence Review

Physical and Mental Health Research in People with Learning Disabilities and Autism Spectrum Disorder

Key Messages

Mental Health:

- Previous research shows that young people with autism spectrum disorder (ASD) can present with acute and complex mental health needs **[2].**
- Similarly, individuals with intellectual disabilities (ID) experience higher rates of severe mental illness compared to those without ID **[11].**
- A systematic review found a positive relationship between physical activity and improvements in behaviour, emotional problems, mental health, and psychosocial well-being **[9].**
- Study 2 reported that individuals with ASD often meet diagnostic criteria for at least one co-occurring psychiatric condition **[2].**
- Common presenting problems include deliberate self-harm (18.9%), schizophrenia spectrum and other psychotic disorders (18.9%), obsessive-compulsive and related disorders (14.4%), trauma and stressor-related disorders (13.5%), and feeding and eating disorders (12.6%) **[2].**
- A link was found between ASD and OCD in males, while females with ASD were more likely to present with eating/feeding disorders and personality development difficulties **[2].**
- Literature suggests autistic individuals face challenges accessing inpatient mental health care, including lack of structure, bright lights, and unpleasant smells, which can contribute to negative behaviours such as aggression, self-harm, and food restrictions **[4].**

- Allied health professionals (AHPs) provide vital support within inpatient mental health services, contributing to assessments, treatments, diagnoses, discharge planning, and addressing physical health inequalities in people with serious mental illness **[3].**

- An update to the Mental Health Bill (2025) proposes moving autism and learning disability from the scope of Section 3 of the original 1983 Act **[1].**

- This may cause unintended consequences, including lack of mandate for changes, inconsistency with conceptualisation of other mental disorders, unclear implications for those detained under Section 3, and ambiguous definitions of autism versus psychiatric disorder **[1].**

Physical Health:

- People with ID experience poorer health outcomes than those without, including higher rates of obesity, constipation, and diabetes **[10].**

- Systematic reviews indicate increased prevalence of physical conditions in autism, such as epilepsy, gastrointestinal disorders, diabetes, thyroid disorders, and metabolic disorders **[7].**

- Study 7 found autistic individuals had significantly higher prevalence of asthma, epilepsy, head injury, migraine headaches, inflammatory bowel disease, liver disease, and other autoimmune conditions while the control sample (without autism/mental illness) had a significantly higher rates of cancer, heart disease, hypertension, and osteoarthritis **[7].**

- Literature suggests a strong relationship between people with intellectual disabilities (PwID) and epilepsy **[5] [7] [12].**

- Epilepsy prevalence increases with intellectual disability severity; over half of PwID with epilepsy have physical health comorbidities, and one-third have psychiatric comorbidities **[5].**

- Study 5 explored clinical presentation and care settings, finding seizures were less common in professional care settings compared to family settings; however professional care was associated with higher polypharmacy and antipsychotic/psychotropic use **[5].**

- Physical side effects were significantly more common in professional setting (20%, n = 66) compared with those living with family (13%, n = 33) **[5].**

- Children with ASD struggle to engage in sustained, vigorous exercise and rarely achieve the recommended 60 minutes of moderate to vigorous physical activity **[6].**

- Incorporating adapted physical education (APE) into individualised education plans can address motor delays by tailoring activities to the unique needs of children with ASD. Study 6 confirmed this, alongside benefits of family–professional partnerships in exercise interventions **[6].**

- Adults over 40 show increased psychiatric comorbidity, challenging behaviour, polypharmacy, antipsychotic use, physical multimorbidity, but fewer seizures and lower ASD and ADHD comorbidities **[5].**

- Age-related issues such as dementia and osteoporosis were more common in autistic individuals **[7] [12].**

- Study 12 found adults aged 40-88 with autism had many physical and mental health conditions, including cardiovascular disease, immune conditions, and neurologic conditions. Those with co-occurring ID had higher rate of epilepsy but lower prevalence of depression and anxiety compared to those without ID **[12].**

Future Directions:

Mental Health:

- The authors of Study 1 stress that clear definitions and conceptual frameworks are needed, and that amendments should be made to this portion of the Bill before it becomes law **[1].**

- Improve staff training, autism-informed practice, and infrastructure to meet the needs of ASD inpatients **[2].**

- Increase understanding and support for AHPs in mental health, learning disability, and autism inpatient services; more AHPs in senior leadership roles could improve quality and safety **[3].**

- Care services must be flexible, rational, and affirming to meet the needs of individuals with autism and ID. Significant transformation is needed to repair trust, reduce harm, and foster recovery for those marginalised within the system **[4].**

Physical Health:

- Targeted interventions, prevention strategies, and enhanced screening are needed to ensure appropriate care for individuals with autism and ID **[7].**

- An individualised approach is essential for addressing physical health problems **[10].**

- Structural discrimination blocks research into health disparities; policies and procedures within government agencies must be updated to support research for populations with developmental or mental health conditions **[8].**

- Adults with autism display higher rates of physical and mental health conditions in midlife and old age, which should inform care planning **[11][12].**

- Further research is needed to evaluate health and social care interventions that reduce morbidity in people with ID **[11].**

December 2025

You asked

Original Query:

Title of search: Physical health and / or mental health research involved with people with a learning disability and / or autistic people.

Explanation: I am looking for recent research literature to add to our intranet site on learning disabilities and autism. All ages, inpatients and service users, families and carers. Looking specifically at care and treatment and how this has improved physical and or mental health.

Alternative terminology: N/A

Date range: 2024-2025 (last 2 years)

The Evidence

Mental Health:

1. **Beazley P, Alexander RT, Taylor JL, Velani B, Dewson H, Shankar R, Tromans SJ, Odiyoor MM, Hassiotis A, Roy A, McKinnon I. The Mental Health Bill (2025) for England and Wales: professional and carer consensus statement summarising concerns and unintended consequences from proposed changes to autism and learning disability. British Journal of Psychiatry. 2025 Jul 1:1-6.**

This feature from BJ Psych discusses a recent update from The Mental Health Bill (2025) which proposes removing autism and learning disability from the scope of Section 3, from the 1983 Act. It provides a consensus statement from professional and carer perspectives,

raising concerns and identifying potential unintended consequences if this proposal comes law.

Several concerns were highlighted:

1. **No clear mandate for such changes –** The authors state that these proposals will not improve equality for autistic people or those with learning disability, nor reduce stigma. There is a risk of worsening health inequalities which can lead to poorer clinical outcomes and a lower quality of life.

2. **Inconsistent with conceptualisation of other mental disorders –** There is no clinical or epidemiological reason why learning disability and autism should be considered together, nor should they be separated for the broader legal category of "mental disorder".

3. **Inconsistent to remove autism and learning disability from the scope of part 2, but not of part 3 –** Authors note the inconsistency of allowing detention under forensic sections of the Act but not under civil Section 3. The 28-day limit in Section 2 is too short for proper care, treatment or assessment. McKinnon and Keown warn that increased reliance on forensic sections could make detentions under the Mental Health Act more restrictive for people with learning disabilities.

4. **Unclear what will happen to individuals who may otherwise have been detained under Section 3 –** This raises concerns about both unmet care needs and unaddressed risks. If the proposed changes become law, definitions may fall under the less safeguarded Deprivation of Liberty Safeguards framework. Unmanaged risks could lead to behavioural consequences, potentially resulting in more autistic people or those with learning disabilities being sent to prison.

5. **The definition of autism is too broad, while psychiatric disorder is consistently too narrow –** The proposed definition of autism is too broad, while "psychiatric disorder" remains too narrow. This creates a risk that individuals with other conditions may unintentionally be ineligible for detention. This paper warns that because "psychiatric disorder" is defined mainly by exclusion (i.e., not legal autism or learning disability), other conditions such as personality disorder could be argued to fall under "legal autism" and be excluded from Section 3 detention. It also raises concerns that tribunals may need to focus more on defining "mental disorder," as an autism diagnosis that overlaps with the "nature" of illness could become grounds for discharge.

   The authors stress the need for clear definitions and conceptual frameworks supported by additional research. For this reason, they strongly urge the UK Parliament to amend this portion of the Bill before it becomes law.

2025 The Mental Health Bill (2025) for E

2. **O'Connor M, Griffin C, Corrigan J, Somers C, Delaney M, Larkin F. Autism spectrum disorder (ASD) presentations among referrals to a child and adolescent mental health service (CAMHS) inpatient unit in Ireland. Clinical Child Psychology and Psychiatry. 2025 Apr;30(2):279-93.**

This study explores autism spectrum disorder (ASD) presentations among referrals to a child and adolescent mental health service (CAMHS) inpatient unit in Ireland, and how professionals can best support them. Research shows that young people with ASD can present with acute and complex mental health needs, with over 70% meeting diagnostic criteria for at least one co-occurring psychiatric condition.

A retrospective chart was conducted on all referrals to a CAMHS inpatient service unit over a three-year period (n=352), identified those with a diagnosis of ASD or suspected autism (n=111). Demographics, mental health difficulties, and supporting services were recorded. Presenting psychiatric conditions were coded using DSM-5 categories. Data were analysed using descriptive statistics (means and standard deviations for continuous variables such as age; percentages for categorical variables such as gender, ASD diagnosis, co-occurring conditions, and admission status), followed up by exploratory inferential statistics to investigate potential associations between variables.

The results show that young people with diagnosed or suspected ASD accounted for 31.5% of total referrals and 28.3% of total admissions to the inpatient unit over a three-year period. Of the 111 referrals where ASD was suspected, 44.1% received a formal diagnosis, while 55.9% remained suspected only. Young people with either a formal or suspected diagnosis of ASD who were referred to the unit had a range of co-occurring conditions. Of these, 30 were admitted to the unit, and only 6 of them attended an ASD specialist service. Those presenting with suicidality were more likely to be admitted.

"Other common presenting problems were deliberate self-harm (18.9%), schizophrenia spectrum and other psychotic disorders (18.9%), obsessive-compulsive and related disorders (14.4%), trauma and stressor-related disorders (13.5%), and feeding and eating disorders (12.6%)" (p.288). The authors also found a link between ASD and OCD in males, while females with diagnosed or suspected ASD were more likely to present with eating/feeding disorders and personality development difficulties.

Overall, the confirmed and suspected number of ASD referrals for inpatient care were significant. The prevalence raises important clinical practice issues, indicating an increasing need to improve staff training, autism-informed practice, and ensure appropriate infrastructure within inpatient units to meet the needs of this population. It also highlights the need for a joint approach between disability and mental health services for young people with co-occurring autism and complex mental health needs.

2025 ASD presentations among

3. **Wilson C, Wakefield R, Prothero L, Janes G, Nolan F, Fowler-Davis S. Developing the allied health professionals workforce within mental health, learning disability and autism inpatient services: rapid review of learning from quality and safety incidents. BMJ Quality & Safety. 2025 Jun 1;34(6):389-403.**

This study explores the development of allied health professionals (AHPs) within mental health, learning disability, and autism inpatient services. Research has long shown that while AHPs play an important role in supporting and caring for people with mental health conditions, learning disability and autism, their roles are poorly understood by other professionals.

This rapid literature review aimed to identify safety incidents within inpatient settings to understand how AHPs contribute to safe care. A total of 115 reports and publications from 2014 to 2024 were reviewed, including independent investigations by NHS England, Prevent Future Deaths reports, and Care Quality Commission reports.

Findings incur that AHPs provide a unique and vital contribution to multidisciplinary teams (MDTs). They are involved in assessment, treatment, diagnosis, and discharge planning, as well as addressing physical health inequalities in people with serious mental illness. They also possess advanced skills in delivering health-promoting interventions. However, understanding and recognition of these roles were found to be lacking at all levels of healthcare organisations, from senior leadership to frontline staff.

This lack of clarify led to AHPs being excluded from important meetings, feelings of disempowerment, and patients not receiving appropriate care and support. It was a major contributing factor to safety incidents within inpatient settings, including ineffective multidisciplinary care, lack of AHP involvement in patient care, lack of AHP involvement in discharge planning, varied training needs across roles, staffing issues, and insufficient recognition from senior management. These factors present risks to patients and missed opportunities for quality improvement.

These findings highlight the need to raise awareness and understanding of AHP roles within MDTs within inpatient mental health, learning disability, and autism services at all staffing levels to ensure consistency and clarity. The authors suggest this could be further facilitated by having more AHPs in senior leadership positions, which would improve quality and safety in these settings.

2025 Developing the allied health professic

4. **Woods K, Dunn R, Smith I, Di Basilio D. "I Don't Think Anyone's Ever Asked Me About the Two Before": Making Sense of Co-occurring Autism and BPD in Inpatient Mental Health Settings. Journal of Autism and Developmental Disorders. 2025 Sep 27:1-8.**

This study examines the co-occurrence of autism and borderline personality disorder (BPD) in inpatient mental health settings. Both groups face barriers to accessing care, including stigma, limited understanding, and insufficient adaptations.

For autistic individuals, literature highlights several challenges when accessing inpatient mental health services such as, a lack of structure and routine (which can cause distress and anxiety and sensory stressors such as noise), bright lights, and unpleasant smells. These factors often contribute to negative behaviours, including aggression, self-harm, and food restriction. NICE guidelines recommend considering alternative services (such as home treatment teams) before inpatient admission, partly due to these difficulties and staff stigma or lack of understanding. Therefore, the aim of this study is to further explore the experiences of accessing inpatient mental health services for individuals with autism and BPD.

The study includes seven NHS participants who were either currently receiving or had previously received inpatient mental health care. Data was collected via semi-structured interviews, and recordings were analysed using reflexive thematic analysis. Experts by experience and stakeholders were consulted throughout, and a clinical psychologist acted as the field collaborator.

Six themes emerged: (1) never fully understood, (2) intense need for care and connection, (3) prisoner or patient? When care and punishment are intertwined, (4) necessary evil, (5) system always wins, and (6) responsible for own care.

Autistic adults with BPD need personalised care that acknowledges both conditions. For this to be successful, inpatient staff require appropriate support, including reflective spaces and clinical supervision. This study highlights the need for systemic reform in delivering inpatient mental health care for individuals with co-occurring ASD and BPD. Participants described navigating environments and systems that do not meet their needs, while emphasising the therapeutic potential these settings where care is flexible, rational, and affirming. Such services need to undergo significant transformation to repair trust, reduce harm, and foster recovery for those marginalised within the system.

2025 I dont think anyone asked me abc

Physical Health:

5. **Badger S, Watkins LV, Bassett P, Roy A, Eyeoyibo M, Sawhney I, Purandare K, Wood L, Pugh A, Hammett J, Sheehan R. The relationship between clinical presentation and the nature of care in adults with intellectual disability and epilepsy–national comparative cohort study. BJPsych Open. 2024 May;10(3):e94:1-10.**

This study examines the relationship between clinical presentation and care settings in people with intellectual disabilities (PwID) and epilepsy. It explores clinical characteristics across different care environments. Research suggests that epilepsy prevalence increases the intellectual disability severity; over half of PwID with epilepsy have physical health comorbidities, and one-third have psychiatric comorbidities.

A retrospective multicentre cohort study was conducted across England and Wales to collect information on seizure characteristics, intellectual disability severity, comorbidities, medication use, and care status. Data were collected from participating NHS centres via electronic patient health records (n = 618) and included adults aged 18+ with diagnoses of both intellectual disability and epilepsy. The initial analysis described data for all participants. A further analysis compared different 'nature of care' groups, focusing on residential status and its association with factors such as polypharmacy. A subgroup analysis was conducted for participants over 40 years (mean age of 39.9), as age is a key risk factor.

Key findings:

- 75% (n = 460) had moderate to profound ID; 21% (n = 128) had a genetic condition.
- 38% (n = 234) were autistic (ASD); 4% (n = 22) had attention deficit hyperactivity disorder (ADHD).
- 26% (n = 159) had an affective disorder; 28% (n = 160) exhibited challenging behaviour.
- Polypharmacy affected 38% (n = 234), with 4% (n = 26) prescribed >10 medications.

Care setting comparisons:

- Seizures in the past 6 months were less common in professional care settings compare to 71% in family settings.
- Moderate to profound ID was more frequent in professional care, while family settings had more physical health comorbidities.
- No differences were found in ID severity, genetic conditions, seizure type/frequency, or psychiatric disorders between the two settings.

Medication comparisons:

- Professional care was associated with higher polypharmacy and antipsychotic/psychotropic use.
- Physical side effects were significantly more common in the professional setting group, affecting 20% (n = 66) compared with 13% (n = 33) in those living with family.

The over-40s cohort had lower ASD and ADHD comorbidity but increased psychiatric comorbidity, challenging behaviour, polypharmacy, antipsychotic use, physical multimorbidity, but fewer seizures. This suggests that those over 40 years living in a professional care setting may have the most complex characteristics. However, the data particularly highlights the increased physical health needs of those PwID living with families.

2024 The relationship between clinical prese

6. **Feng XW, Hadizadeh M, Cheong JP. Effects of family-professional partnerships in adapted physical education on the fundamental motor skills, adaptive behaviors, and physical activity levels of children with autism spectrum disorder and on parent satisfaction. Journal of Autism and Developmental Disorders. 2025 May;55(5):1697-712.**

This study examines the impact of family-professional partnerships in adapted physical education (APE) on children with autism spectrum disorder (ASD), focusing on: (1) fundamental motor skills (2) physical activity levels, (3) adaptive behaviours, and (4) parental satisfaction.

Children with ASD often struggle to engage in sustained, vigorous exercise and rarely achieve the recommended 60 minutes of moderate to vigorous physical activity (MVPA). Research shows that interventions to improve fundamental motor skills (FMS) have primarily been school-based and reliant on experts such as physiotherapists and occupational therapists. Studies suggest that incorporating adapted physical education (APE) into individualised education plans can address motor delays by tailoring activities to the unique needs of children with ASD.

A 12-week randomised controlled trial involving 40 children with ASD and their parents were divided into three groups:

- **Family-school group (FSG-A, n=14):** School-based APE and weekend homework with parental involvement.
- **School-only group (SG-B, n=13):** School-based APE only.
- **Control group (CG-C, n=13):** Regular physical education, no APE intervention.

Results showed that the family-school group performed better in the within-group than the school-only and control group across all variables. Among-group comparisons revealed significantly higher FMS scores for the family-school group compared to the school-only group ($p=0.021$) and control group ($p<0.001$). MVPA minutes increased by week 12 for both intervention groups compared to the initial week, with the family-school group showing significant improvement by week 4 and the school-only group by week 6. Overall, the family-school group achieved significantly greater MVPA minutes than the other groups.

This study highlights the importance of robust family-professional partnerships in exercise interventions for children with ASD. Future studies should investigate different approaches to

family participation, their long-term effectiveness, and applicability in diverse cultural contexts.

2025 Effects of family-professional pa

7. Hunt M, Underwood JF, Hubbard L, Hall J. Risk of physical health comorbidities in autistic adults: clinical nested cross-sectional study. BJPsych Open. 2024 Nov;10(6):e182:1-8.

This study examines physical health comorbidities in autistic adults. Previous systematic reviews indicate an increased prevalence of physical conditions in autism, such as neurological disorders (epilepsy), gastrointestinal disorders, diabetes, thyroid disorders, and metabolic disorders. This study investigates these comorbidities using a nested cross-sectional design with data from the National Centre for Mental Health (NCMH) database.

Participants included adults from England and Wales with a clinician-made diagnosis of autism (n=813) and a control sample without autism or mental illness (n=2781). Diagnostic history was collected via interviews. Analyses used binomial logistic regressions controlling for age, gender, smoking status, and antipsychotic and mood stabiliser use. A sub-analysis examined individuals with concurrent intellectual disability (n = 86) using the same approach.

Table 1 Frequency of physical health conditions in cases and controls, and results of the χ^2 analysis

Physical health condition	Frequency, *n* (%)		Pearson χ^2 value	*P*-value
	Autism	Controls		
Asthma	264 (33.2)	453 (16.3)	108.902	<0.001*
Breast cancer	0 (0.0)	56 (2.0)		
Cancer (other)	11 (1.4)	175 (6.3)	30.741	<0.001*
COPD	4 (1.0)	29 (1.2)	0.178	0.673
Diabetes type 1	7 (0.9)	20 (0.7)	0.199	0.656
Diabetes type 2	35 (4.4)	128 (4.6)	0.082	0.775
Elevated lipids/ cholesterol	72 (9.0)	252 (9.1)	0.003	0.959
Epilepsy/seizure disorder	63 (8.0)	50 (1.8)	76.301	<0.001*
Gastric/duodenal ulcers	28 (3.5)	68 (2.4)	2.833	0.092
Head injury	68 (16.4)	79 (3.2)	125.765	<0.001*
Heart disease	12 (1.5)	110 (4.0)	11.290	<0.001*
Hypertension	95 (12.0)	464 (16.7)	10.595	0.001*
Kidney disease	13 (1.6)	36 (1.3)	0.508	0.476
Liver disease	15 (1.9)	12 (0.4)	17.369	<0.001*
Memory loss (dementia)	10 (1.3)	17 (0.6)	3.511	0.061
Migraine headaches	262 (33.2)	428 (15.5)	123.641	<0.001*
Meningitis	6 (1.4)	21 (0.9)	1.220	0.269
Osteoarthritis	44 (5.5)	247 (8.9)	9.371	0.002*
Osteoporosis	14 (1.8)	54 (1.9)	0.127	0.722
Rheumatoid arthritis	26 (3.3)	73 (2.6)	0.981	0.322
Stroke/haemorrhage	11 (1.4)	39 (1.4)	0.002	0.968
Overactive thyroid/ hyperthyroid	6 (0.8)	46 (1.7)	3.458	0.063
Underactive thyroid/ hypothyroid	40 (5.0)	147 (5.3)	0.095	0.758
Inflammatory bowel disease	30 (7.2)	75 (3.1)	17.097	<0.001*
Other autoimmune condition	22 (5.2)	54 (2.2)	12.553	<0.001*

Human immunodeficiency virus, Parkinson's disease and multiple sclerosis are not included because of absolute frequency counts <5 allowing back-identification, and were not significantly different. COPD, chronic obstructive pulmonary disease.
* Indicates *P*-values that are significant after Benjamini–Hochberg correction (α 0.029).

The results show that the autism sample had a significantly greater prevalence of asthma, epilepsy, head injury, migraine headaches, inflammatory bowel disease, liver disease, and other autoimmune conditions. The control sample had a significantly higher rates of cancer, heart disease, hypertension, and osteoarthritis than the autism group. Other conditions showed now significant difference between the two groups (Table 1). The sub-analysis demonstrated similar patterns of physical health in individuals with autism with and without concurrent intellectual disability.

Overall, physical health issues, especially epilepsy, occur more frequently in autism and are further exacerbated in those with concurrent intellectual disability. The strongest associations include liver disease, COPD, kidney disease,

osteoporosis, and rheumatoid arthritis. Age-related issues (dementia and osteoporosis) were also more common in autistic individuals.

Barriers to healthcare access (e.g., communication difficulties, unsuitable settings) and lifestyle factors (restricted diet, food sensitivities, social challenges, motor impairments) may contribute to this burden, limiting preventive care and increase chronic disease risk.

There is an increased need for targeted interventions, prevention strategies, and enhanced screening to ensure this population receives the care and support required. Clinicians should maintain a low threshold for investigating physical illness when autistic individuals present with behavioural changes or physical symptoms. Raising awareness among healthcare professionals is essential to improve outcomes

2024 Risk of physical health comorbidities i

8. **McDonald TM, Scudder A. Mind the NIH-funding gap: structural discrimination in physical health–related research for cognitively able autistic adults. Journal of autism and developmental disorders. 2024 Apr;54(4):1411-24.**

This study explores the structural discrimination in physical health-related research for cognitively able autistic adults. Many experience disparities in physical health and healthcare access, further hindered by a lack of funding in this area. This remains a critical issue because, regardless of the primary cause, the co-occurring physical health conditions in autistic adults can lead to unnecessary pain, decreased quality of life, and mortality in this population.

The authors systematically examined funded research on all physical health disparities in autistic adults using NIH RePORTER. They found two distinct objectives:

- Eugenics-related research (focuses on the cause, cure, prevention, and treatment) and
- Research on physical health disparities (focusing on conditions that occur at a higher rate in people with autism compared to the general population).

While eugenics-related research conceptualises some health conditions as being “risk factors”, physical health disparities research aims to reduce the burden of co-occurring physical health conditions on quality of life, not on reducing autistic traits.

Leading Institutes, such as the National Institute of Mental Health (NIH - the home for autism research), indicated they are not interested in research on physical health outcomes. Similarly, the National institute of Neurological Disorders and Strokes (NINDS), which prioritises autism research related to eugenics, stated they lack clear or explicit research priorities for autistic adults and have no guidelines for determining what physical health disparity research would be appropriate.

Among the 61 studies found, none focused on improving the relevant physical health conditions through intervention, programs, or services for autistic adults. Until NIH supports

funding in this area, autistic adults will continue to experience adverse physical health outcomes and increased mortality. The authors highlight the power of structural discrimination in blocking research into the causes of health disparities. To address this, policies and procedures within government agencies, including NIH, must be updated to support research on health disparities in populations with developmental or mental health conditions.

2024 Mind the NIH-funding gap.pdf

Additional Resources

9. **Borland RL, Cameron LA, Tonge BJ, Gray KM. Effects of physical activity on behaviour and emotional problems, mental health and psychosocial well-being in children and adolescents with intellectual disability: A systematic review. Journal of Applied Research in Intellectual Disabilities. 2022 Mar;35(2):399-420.**

This systematic review explores the effects of sport and physical activity on behaviour and emotional problems, mental health and psychosocial well-being in children and adolescents with intellectual disability (ID). Five databases were systematically searched using predefined inclusion and outcome criteria. Overall, thirty-two studies were included, comprising of case studies, treatment trials, cross-sectional studies, and a cohort study.

The findings suggest a positive relationship between physical activity and improvements in behaviour and emotional problems, mental health and psychosocial well-being.

To confirm these findings, there is a need for rigorous and well-designed randomised control trials to examine the effects of sports and physical activity on the behaviour and emotional problems, mental health and psychosocial well-being of children and adolescents with ID.

2021 Effects of physical activity on be

10. **Dave R, Miller R, Bermange L, Humphries L. A quality improvement project to improve the physical health of people with intellectual disability & severe mental illness in a forensic inpatient ward. BJPsych Open. 2021 Jun;7(S1):S183-.**

This study aims to improve the physical health in people with intellectual disability (ID) and severe mental illness in a forensic inpatient ward. People with ID experience poorer physical

health outcomes than those without ID, including higher rates of obesity, constipation, and diabetes.

Cardiovascular risk was assessed for 13 patients on a low-secure forensic mental health ward. Measurements for weight, BMI, blood pressure, resting heart rate, smoking status and psychotropic medication use were also collected. A personalised care plan addressing individual comorbidities and activity levels was co-produced by the multidisciplinary team (MDT) and patients, formatted into easy-read materials, and delivered in group sessions.

Eighty-five percent of patients had a BMI in the overweight or obese range, 62% were regular smokers, and 92% were prescribed psychotropic medications. After two months, all patients were classified as 'inactive'. However, those who engaged in group education and physical activity showed improvements in Patient Activation and activity levels.

An individualised approach is essential for exploring physical health problems. Co-production and active MDT participation, including role-modelling healthy habits, were positively reported by patients as supporting self-management.

2021 A quality improvement project

11. Perera B, Audi S, Solomou S, Courtenay K, Ramsay H. Mental and physical health conditions in people with intellectual disabilities: Comparing local and national data. British Journal of Learning Disabilities. 2020 Mar;48(1):19-27.

This study explores the mental and physical conditions in people with intellectual disabilities (ID), comparing their prevalence in individuals with and without ID at local and national levels in the UK, and examining specific health conditions and socio-economic status. It uses an analysis of physical and mental health data and annual health check-up for England, London, and Haringey, based on NHS Digital data from 2016/17.

Patterns of mental and physical conditions for people with and without ID were similar across the national, regional, and inner-city borough levels. Severe mental illness was more prevalent in people with ID compared to those without, highlighting the increased vulnerability for this population group. The higher risk of mental disorders in an inner London borough compared to national data reflects existing evidence on the negative impact of socio-economic deprivation on mental and physical health.

Further research is needed to evaluate health and social care interventions that can reduce morbidity in people with intellectual disabilities.

2020 Mental and physical health condit

12. Bishop-Fitzpatrick L, Rubenstein E. The physical and mental health of middle aged and older adults on the autism spectrum and the impact of intellectual disability. Research in autism spectrum disorders. 2019 Jul 1;63:34-41.

This study discusses the physical and mental health profiles of middle-aged and older adults on the autism spectrum who are Wisconsin Medicaid beneficiaries and compares those with and without co-occurring intellectual disability (ID).

Data was collected using de-identified Medicaid claims for 143 adults aged 40-88 with an autism diagnosis. The authors extracted diagnoses for physical and mental health conditions from fee-for-service claims. Logic regression controlled for sex, race, and age compared the adjusted odds of physical and mental health conditions for those with and without ID.

Many physical and mental health conditions, such as cardiovascular disease, immune conditions, and neurologic conditions were highly prevalent. Many similarities between individuals with or without co-occurring ID were found, such as a higher prevalence of epilepsy and a lower prevalence of depression and anxiety compared to those without ID.

The findings of this study suggest that adults on the autism spectrum have a high prevalence of physical and mental health conditions in midlife and old age, regardless of intellectual disability status.

2019 The physical and mental health of

Indicative search strategy

"learning disability*" OR "intellectual disability*" OR "autism spectrum disorder*" OR autism OR "LD" OR "ID" OR "ASD"

AND

Inpatient* OR famil* OR "service user*" OR carer*

AND

"physical health" OR "physical activity" OR "mental health" OR research OR studies OR "care treatment*"

AND

improve* OR impact* OR effect*

Sources searched

APA PsycInfo, CINAHL, CINAHL Complete, Embase, Google Scholar, Ovid Embase, Ovid MEDLINE, Ovid MEDLINE Complete, Psychology and Behavioral Sciences Collection, PubMed.

A structured public domain search for unpublished research.

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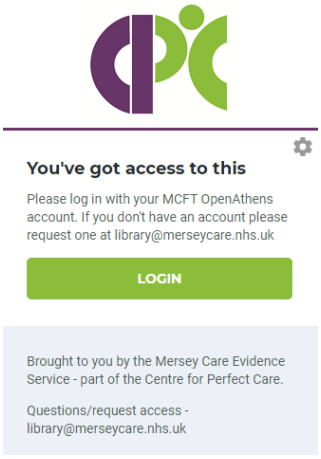
BMJ Best Practice
Clinical decision-making tool and app



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