Building Integrated Capacity in Autism and Mental Health

Mental Health Provider Survey

Regional and Service Area Report

CMHO
Children's Mental Health Ontario
Santé mentale pour enfants Ontario

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Prepared by: Flora Roudbarani MEd, Paula Tablon Modica, BA, Caitlyn Gallant, MA, and Jonathan A. Weiss, PhD, CPsych.

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Acknowledgements: We would like to acknowledge and thank the mental health service providers who completed this survey, providing the data necessary to inform training initiatives and identify mental health support needs for children and youth with neurodevelopmental conditions.

The online survey included several questionnaires by Maddox et al. (2019) that were adapted for this study with permission. For example, measures were adapted by substituting the word "adult" to "child and/or adolescent," the inclusion of ADHD versions of questions, and referring to psychotherapy rather than specifically cognitive behavioural therapy (CBT). We thank Dr. Brenna Maddox for permission to use aspects of her survey.

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Contact: Jonathan A. Weiss, PhD, CPsych, Professor, Department of Psychology, Faculty of Health, Director of the LaMarsh Centre for Child and Youth Research and the York Research Chair in Autism and Neurodevelopmental Disability Mental Health, York University. Email: jonweiss@yorku.ca.

About the Survey

Working with Dr. Jonathan Weiss from the LaMarsh Centre for Child and Youth Research (York University), Children's Mental Health Ontario (with support from the Ontario Centre of Excellence for Child and Youth Mental Health) partnered to build our sector's capacity to provide mental health services for children/youth with autism and with attention deficit hyperactivity disorder.

For more information about the survey, please view the Provincial Report. The following document provides a focused snapshot of the results for each of the five MCCSS-defined regions and 33 service areas.

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Main Messages

Based on survey data from Ontario, this report describes regional patterns of mental health provider attitudes, knowledge, confidence and training needs while delivering psychotherapy to child and adolescent clients with autism and with attention-deficit hyperactivity disorder (ADHD).

Note: This report follows a precursory Provincial Report which provides a broader analysis of the survey results.

- Children and adolescents with autism are far more likely to experience co-occurring mental health issues, including anxiety, depression, and conduct problems (Arim et al., 2015; Strang et al., 2012), compared to youth without autism.
- Despite evidence that many of the same interventions that have been developed for individuals without autism may be beneficial for those with autism, clients with autism are far more likely to struggle accessing evidence-based psychosocial interventions to address these issues.
- Child and youth mental health service providers across the province of Ontario completed an online survey tool and shared their experience delivering psychotherapy to clients with autism, and to clients with ADHD, and in some questions, to clients in general. The current report provides results regarding responses for different regions of the province: North, East, Central, West, and Toronto (aligned with the five MCCSS regions). Further, in cases where there were sufficient sample sizes, we also service areas (as defined by MCCSS) within these regions.
- From a regional perspective, survey results indicated that:
  - Patterns were remarkably similar in each region. Many respondents report having knowledge about autism and about ADHD, but feel they have less knowledge about mental health care for clients with autism. They are less likely to provide interventions, like CBT and family therapy, to clients with autism compared to those with ADHD.
  - Respondents note providing very similar kinds of adaptations to the way they deliver psychotherapy to clients with autism and ADHD, and consider their adaptations to be similarly helpful in both groups.
  - Respondents feel less confident in addressing mental health problems in clients with autism compared to those with ADHD. They feel just as confident in addressing mental health problems in clients with ADHD compared to their typical clients.

- Across the five regions, there appears to be some differences in policies related to providing services to clients with ADHD and clients with autism that warrants further exploration.
- Mental health providers strongly support receiving more specific training on mental health care adaptations, conceptualization and treatment planning related to delivering psychotherapy to clients with autism.

In summary, the results suggest that there are similar patterns across all five MCCSS regions, and that each would benefit and welcome training opportunities for working with clients with autism, as well as for clients with ADHD.

Although the regional findings are similar, each region can use their data to better understand their local contexts.

We encourage readers to view this report in tandem with the Provincial Report, which provides a broader overview of the findings. The Provincial Report also includes a Foreword from Kim Moran, CEO of Children's Mental Health Ontario, who shares some insight into the genesis of this project.

Executive Summary

Introduction

Children and adolescents with autism[1] who also have mental health problems often struggle to get the mental health care they need. There are many potential reasons for this. We wanted to understand more about the experiences and needs of mental health providers who may provide psychotherapy to clients with autism. Mental health providers across Ontario completed an online survey about their experiences and opinions on delivering psychotherapy for clients with autism, attention-deficit hyperactivity disorder (ADHD), and in some questions, to clients in general. While the focus was to understand more about the context of autism, ADHD was included as a second chronic neurodevelopmental condition because it can also impact therapeutic interactions and mental health care. We chose ADHD to understand whether any reported concerns were specific to autism or were potentially attributable to neurodevelopmental disability, more broadly.

Objective

This study aimed to **understand mental health service providers' training, experience, attitudes, and knowledge** related to working with clients with mental health problems who also have autism or ADHD. This was assessed by measuring:

- Confidence
- Certainty to Treat
- General Knowledge
- Attitudes
- Normative Pressures
- Self-efficacy
- Intentions
- Mental Health Problems & Severity
- Treatment Approaches
- Adaptations to Current Practice
- Agency Established Criteria & Barriers
- Training Needs

[1] Traditionally, writings about autism have used **person-first language** (e.g., "people with autism") rather than **identity-first language** (e.g., "Autistic person"). Person-first language was believed to be appropriate to emphasize the individuality of each person beyond any specific label. At the same time, advocates and authors have highlighted the issues with this approach for the autistic community, where identity-first language is meant to recognize and affirm ownership of an identity as an autistic person, embracing it as a source of pride. Autism is seen as an inseparable part of who autistic people are. Within Ontario, the majority of children's mental health agencies continue to use person-first language, and as a result, we use this language in this report. We do so fully recognizing that autism or ADHD are not negative labels and are to be respected as a reflection of a person's unique neurodiversity.

Methodology

Data was collected from 611 publicly funded service providers across 66 agencies in Ontario, Canada, who provided psychotherapy to children and youth. Participants were 20 to 75 years of age (M = 40, SD = 10; 83% women). Most participants identified as White (79%) and were employed full-time (92%) and had a post-secondary education (93%). More than half of the providers completed either a bachelor's degree (32%) or a master's degree (37%). Professions included social workers (45%), child and youth workers (21%), registered psychotherapists (19%), clinical psychologists (4%), social service workers (2%), registered nurses (2%), and other professional designations (7%).

Data was also collected from 41 mental health providers who reported treating mental health problems in children or adolescents in a private practice. More than half of the sample were women (68%), between the ages of 26 and 79 years (M = 44 years, SD = 13). Most survey participants identified as White (65%) and had post-secondary education (98%). Most of the providers completed either a bachelor's degree (10%) or a master's degree (78%). A little over half of the respondents reported working full-time in private practice (85%). More than half (63%) of respondents worked at only one private practice agency or setting. Many respondents reported being a sole practitioner (42%), while some were a practitioner alongside other mental health clinicians (30%) or within the context of an interdisciplinary team (25%).

Results

For the regional-level results, this report combines the responses of both publicly funded and private providers. However, the service area-level results are only based on publicly funded providers' responses, and it was thought that private providers may not be bound by these service areas, making it challenging to collect this more focussed information.

For direct access to regional-level results, click the following links:

- North Region
- East Region
- Central Region
- Toronto Region
- West Region

Conclusion

For the regional-level results, this report combines the responses of both publicly funded and private providers. However, the service area-level results are only based on publicly funded providers' responses, and it was thought that private providers may not be bound by these service areas, making it challenging to collect this more focussed information.

- This survey was an important step in collecting province-wide information on provider knowledge, skills and training needs. To our knowledge, this survey is the first of its kind (in terms of reach and scope) to assess these attributes in a Canadian context and children's mental health care contexts. The current report can provide valuable information to policy makers and service providers about needs and experiences within different geographical regions of the province.
- Mental health service providers reported potential barriers or challenges to treatment delivery for clients with mental health problems who also have autism.
- Training initiatives addressing mental health providers' knowledge, attitudes, and confidence around supporting clients with autism are needed. This may improve their intention to treat clients with autism and improve access to effective mental health care.
- The results from this survey can immediately be used by government and policymakers to establish curriculum and training initiatives for mental health providers; this includes foundational training, as well as more advanced training opportunities and resources.
- The majority of respondents expressed interest in attending future autism and ADHD training initiatives at their mental health agency, especially around best practices that are evidence-based and ways of adapting their mental health treatments to better suit clients with autism or ADHD, on ways of better communicating with clients, building therapeutic rapport and about finding resources for these clients.
- Ongoing assessment and monitoring can illustrate how skills, knowledge and attitudes change over time and following completion of training opportunities.
- This work can help us move towards building integrated capacity in autism and mental health care.

Research Report

Background

As noted in the Provincial Report, children and adolescents with autism[2] experience high rates of mental health problems (Simonoff et al., 2008), and while evidence-based psychotherapy has been shown to be effective for youth with autism (e.g., cognitive behaviour therapy) (Weston et al., 2016), these clients are often less likely to receive these interventions (Brookman-Frazee et al., 2012a). In the broader Ontario context, the current survey is the first to collect information on service providers' training, experience, and opinions in treating mental health problems in clients with autism or ADHD using psychotherapeutic means. While the focus was to understand more about the context of autism, we included ADHD as a second chronic neurodevelopmental condition because it can also impact therapeutic interactions and mental health care. We chose ADHD to understand whether any reported concerns were specific to autism or were attributable to neurodevelopmental conditions, more broadly.

Objectives

This project aimed to understand mental health care service providers' confidence, attitudes, knowledge, intentions, and experience in treating mental health problems in clients with autism and with ADHD.

Methodology

Survey Development

The Provincial Report discusses the development of the survey in more detail. The survey included definitions of psychotherapy and mental health problems to establish a shared understanding of the terms within the context of the project and avoid different interpretations:

[2] Traditionally, writings about autism have used **person-first language** (e.g., "people with autism") rather than **identity-first language** (e.g., "Autistic person"). Person-first language was believed to be appropriate to emphasize the individuality of each person beyond any specific label. At the same time, advocates and authors have highlighted the issues with this approach for the autistic community, where identity-first language is meant to recognize and affirm ownership of an identity as an autistic person, embracing it as a source of pride. Autism is seen as an inseparable part of who autistic people are. Within Ontario, most children's mental health agencies continue to use person-first language, and as a result, we use this language in this report. We do so fully recognizing that autism or ADHD are not negative labels and are to be respected as a reflection of a person's unique neurodiversity.

- **Psychotherapy** was defined by the Regulated Health Professions Act (1991) as: "Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning." And by the Psychotherapy Act (2007) as: "the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. Psychotherapy can take many forms, including cognitive behaviour therapy, counselling, psychodynamic therapy, play therapy, family systems therapy, parent management training, as examples". Interventions such as Applied Behavioural Analysis or Intensive Behavioural Intervention were not considered psychotherapy.
- **Mental Health Problems** were defined as 'difficulties or disorders of thought, cognition, mood, and emotion regulation, that impair an individual's functioning,' as noted in the Regulated Health Professions Act (1991). Examples were provided, such as when referring to symptoms of anxiety disorder, bipolar disorder, challenging behaviours (e.g., aggression, irritability), oppositionality, conduct disorders, depression, eating disorders, gender dysphoria, obsessive-compulsive and related disorders, psychosis, post-traumatic stress disorders, or substance use. Respondents were asked not to consider neurodevelopmental disabilities (e.g., autism, ADHD, learning disabilities, intellectual disability) as mental health problems.

Survey questions about autism and ADHD were counterbalanced across participants, meaning that some respondents were first asked about these variables in relation to ADHD, while others were first asked about autism. All participants provided informed consent before completing the survey. This survey was approved by the York University Human Participants Review (‘Ethics’) Sub-Committee. French and English versions of the survey were available.

Note: The term ‘mental health service providers’ is meant to include a broad range of mental health professionals that participated in this survey, such as social workers, psychotherapists, and clinicians, to name a few. Throughout the document, other interchangeable terms are included, such as ‘therapists’ or ‘clinicians’.

Survey Dissemination

Public service providers

Service provider agencies recruited mental health provider participants over email. Agency staff were asked by their leads to share an anonymous survey link with their frontline staff who provide psychotherapy to children and adolescents with mental health problems. Data collection for this project cohort occurred at four time points, described in detail in the Provincial Report. Ultimately, 66 agencies had some mental health providers who completed the survey. Each agency decided on its own process for informing staff about the survey.

Private service providers

In July 2021, CMHO circulated the survey to 3 Ontario colleges (College of Registered Psychotherapists of Ontario, College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers) and 4 Ontario professional associations (Ontario Association of Mental Health Professionals, Ontario Association of Social Workers, Ontario Psychiatric Association, Ontario Psychological Association), asking that they circulate an invitation to participate to private mental health service providers. Eligible private providers were identified as those individuals who: (i) work with children/adolescents with mental health needs at least part-time in a private practice; and (ii) had not already completed the survey through a publicly funded mental health agency.

Participants

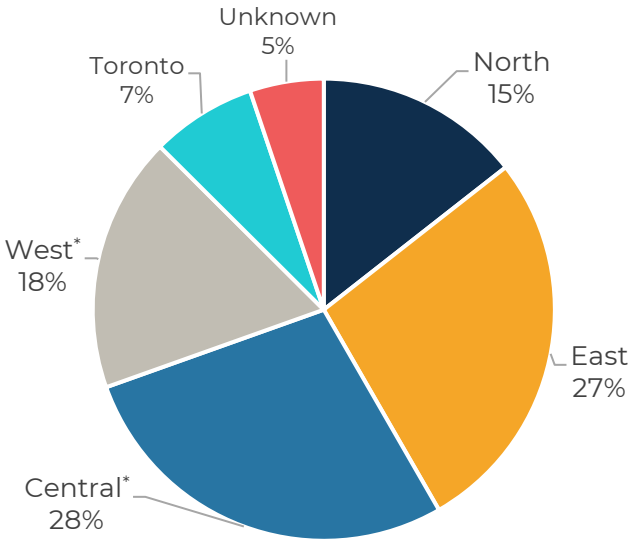
Survey respondents included 611 public providers and 41 private providers, 82% of which were women, between the ages of 20 and 79. Most survey participants identified as White (78%), were employed full-time (92%) and had a post-secondary education (93%), such as a bachelor's degree (31%) or a master's degree (40%). Participants included direct service providers (81%), supervisors/coordinators (10%), and some who noted being both direct service providers and supervisors/coordinators (8%). The surveys were completed by social workers (48%), child and youth workers (20%), registered psychotherapists (19%), clinical psychologists (4%), social service workers (2%), registered nurses (2%), or those with other professional designations (5%).

As shown in **Figure 1**, of the 652 respondents across Ontario who completed the survey, 28% noted being from the Central region*, 18% from the West region*, 15% from the North region, 27% from the East region, 7% from the Toronto region, and 5% from an *Unknown* region.

Table 1 provides a breakdown of publicly funded agencies by each region, and **Table 2** provides information on the number of public provider respondents per each service area.

* A small number of providers noted that they spanned regions, and it is not possible to determine if respondents were in this region or one of the others. There were also 2 respondents who did not complete this item. As such, these respondents are listed in the ***'Unknown'* category**.

Figure 1: Percentage of Public and Private Provider Respondents by Region in Ontario (N = 652)



All survey respondents reported treating mental health problems in children or adolescents in some capacity. Most respondents indicated that they primarily work in a community-based setting (64%). When treating clients, respondents' primary theoretical orientations were cognitive-behavioural (41%), eclectic (35%), behavioural (12%), or other (e.g., dynamic/analytic, attachment-based therapy; 12%). Most of the sample reported treating at least one client with autism (90%) and one client with ADHD (98%) in the past. In fact, on average, respondents indicated that 19% (*SD* = 19.9%, Median = 15%) of their caseload involved clients with autism and 46% (*SD* = 24.9 %, Median = 50%) involved clients with ADHD. Furthermore, many respondents indicated that they know someone with autism (60%) and with ADHD (88%) outside of their work. However, the majority of respondents reported *very rare* or *occasional* contact with individuals with autism (84%), and nearly half of the respondents reported *very rare* or *occasional* contact with individuals with ADHD (47%).

Table 1. List of Publicly Funded Agencies by Ontario Region[3]

Region	Mental Health Agency		
Central	• Associated Youth Services of Peel • Boys and Girls Clubs of Kawartha Lakes • Carizon Family and Community Services • Chimo Youth and Family Services • CMHA Waterloo Wellington (WW)	• Dufferin Child and Family Services • EveryMind Mental Health Services • Kinark Child and Family Services • New Path Youth and Family Services • Point in Time Centre for Children, Youth and Parents	• Reach Out Centre for Kids (ROCK) • York Hills Centre for Children, Youth and Families • Other
East	• Centre Psychosocial • Children's Mental Health of Leeds & Grenville • Children's Mental Health Services • Cornwall Community Hospital • Crossroad's Children's Mental Health Centre • Frontenac Youth Service • Kinark Child and Family Services	• Le CAP • Maison Fraternité • Maltby Centre • Open Doors for Lanark Children and Youth • Peterborough Youth Services • Roberts/Smart Centre • Royal Ottawa Health Care Group	• The Phoenix Centre for Children and Families • Valoris pour enfants et adultes de Prescott-Russell • Youth Services Bureau of Ottawa • Youville Centre • Children's Hospital of Eastern Ontario • Somerset West Community Health Centre
North	• Algoma Family Services • Children's Centre Thunder Bay • Compass	• Dilico Anishinabek Family Care • FIREFLY • Hands The Family Help Network	• North Eastern Ontario Family & North Eastern Ontario Family & Children's Services (NEOFACS) • Simcoe Muskoka Family Connexions
West	• Banyan Community Services • Chatham Kent Children's Services • Children First in Essex County • Craigwood Youth Services • Haldimand-Norfolk REACH • Hotel-Dieu Grace Healthcare-Regional Children's Centre • Huron Perth Centre for Children and Youth	• Keystone Child, Youth & Family Services • Lutherwood • Lynwood Charlton Centre • Maryvale Adolescent & Family Services • Pathstone Mental Health • St. Clair Child & Youth Services • Vanier Children's Mental Wellness	• Wellkin Child & Youth Mental Wellness • Woodview Mental Health and Autism Services • Youth Services of Lambton County Incorporated • Other
Toronto	• Central Toronto Youth Services • Jewish Family and Child Service • Kerry's Place Autism Services	• Lumenus Community Services • Strides Toronto • The Hospital for Sick Children	• Turning Point Youth Services • Yorktown Family Services

[3] Ontario Regional Boundaries Based on The Ministry of Children, Community and Social Services. http://www.children.gov.on.ca/htdocs/english/about/regionaloffices.aspx

Table 2. Total Number of Public Provider Respondents in Each Service Area (*n* = 611)[4,5]

Service Areas	Total Number of Respondents
North Region	
Algoma	14
Greater Sudbury/Manitoulin/Sudbury	9
Kenora/Rainy River	13
Nipissing/Parry Sound/Muskoka	20
Thunder Bay	11
Timiskaming/Cochrane (including James Bay Coast)	21
East Region	
Durham	21
Frontenac/Lennox and Addington	2
Haliburton/Kawartha Lakes/Peterborough[6]	17(13)
Hastings/Prince Edward/Northumberland	20
Lanark/Leeds and Grenville	20
Ottawa	66
Prescott and Russell	6
Renfrew	16
Stormont, Dundas and Glengarry	6
Central Region	
Dufferin/Wellington	18
Halton	26
Peel	42
Simcoe	26
York	23
Waterloo[7]	6(6)
Toronto Region	
City of Toronto	39
West Region	
Brantford-Brant	0
Chatham-Kent	1
Elgin/Oxford	1
Essex	23
Grey/Bruce	1
Haldimand-Norfolk	14
Hamilton	4

[4] Ontario Service Area Boundaries Based on The Ministry of Children, Community and Social Services.

[5] Only publicly funded service providers were asked to indicate their service area.

[6] 13 providers noted being in the Haliburton/Kawartha Lakes/Peterborough service area but in the Central region. We noted them in parentheses, but they factor into the Central region analyses.

[7] 6 providers noted being in the Waterloo service area, but in the West region. We noted them in parentheses here, but they factor into the West region total analyses.

Service Areas	Total Number of Respondents
Huron/Perth	19
Lambton	13
Middlesex	24
Niagara	1
Unknown*	**49**

Measures

Online survey questionnaires were used to capture information on the following domains[8]:

1. Confidence
2. Certainty to Treat
3. General Knowledge
4. Attitudes
5. Normative Pressures
6. Self-Efficacy
7. Intentions
8. Mental Health Problems & Treatment Approaches
9. Mental Health Severity
10. Adaptations to Current Practice
11. Agency Established Criteria & Barriers
12. Training Needs

For more information about each of these domains and their measurement, please see the Provincial Report.

[8] The online survey included several questionnaires by Maddox et al. (2019), adapted for this study. For example, measures were adapted by substituting the word "adult" to "child and/or adolescent", the inclusion of ADHD versions of questions, and referring to psychotherapy rather than specifically CBT. We thank Dr. Brenna Maddox for permission to use aspects of her survey.
* A small number of providers noted that they spanned more than one service area. As such, these respondents are listed in the '*Unknown*' category.

North Region Results

About North Region Respondents

There were 94 service providers (94% public; 6% private) who noted being in the North region. Approximately three quarters of the sample were women (76%), and the sample ranged in age from 24 to 65 years (*M* = 42, *SD* = 10). Most respondents identified as White (76%) or Indigenous (11%), were employed full-time (97%), and had a post-secondary education (95%), such as a bachelor's degree (41%) or master's degree (41%). North Region respondents included direct service providers (82%), supervisors/ coordinators (13%), and some who noted being both direct service providers and supervisors/coordinators (3%). The surveys were completed by social workers (61%), registered psychotherapists (17%), child and youth workers (10%), clinical psychologists (3%), registered nurses (2%), social service workers (1%), or those with other professional designations (6%).

North Region Service Areas[9]

There are 6 service areas in the North Region. Service area data was available for 88 public service providers who completed the survey. As shown in **Table 2**, two service areas had a sufficient sample size to permit reporting on that service area on their own: Nipissing/Parry Sound/Muskoka (*n* = 20) and Timiskaming/Cochrane (including James Bay Coast, *n* = 21). However, to have a sufficient sample to report on some service area level results, we combined the Algoma service area (*n* = 14) with the Greater Sudbury/Manitoulin/Sudbury service area (*n* = 9), and the Thunder Bay service area (*n* = 11) with the Kenora/Rainy River service area (*n* = 13).

Thus, we report on **four service areas within the North region** for the service area level results. Note: For the purposes of this work, the combining of service areas was determined solely by geographic proximity. We only combined service areas if areas were next to each other and if the combination led to having a sample size of greater than 15, for reporting purposes.

[9] Service area level data was only available for public providers

Survey Results from the North Region

Common Mental Health Problems

Consistent with provincial findings, the most common presenting problems for clients with ADHD and with autism in the North Region were anxiety (89% and 85%, respectively) and challenging behaviours (89% and 81%, respectively). In the Provincial Report, depression was the third most common presenting problem for both client groups; however, in the North Region, depression was the third most common problem for clients with ADHD (46%), while OCD was the third most common presenting problem for clients with autism (44%).

North Region Service Areas

As shown in **Figure 2.1** and **Figure 2.2,** a consistent pattern emerged across all four service areas in terms of common mental health concerns for clients with ADHD and clients with autism. The patterns for each service area reflected the same pattern observed for the entire North Region.

Figure 2.1: Percentage of North Region Public Providers Reporting Common Presenting Problems for Clients with Autism by Service Area (*n* = 88)

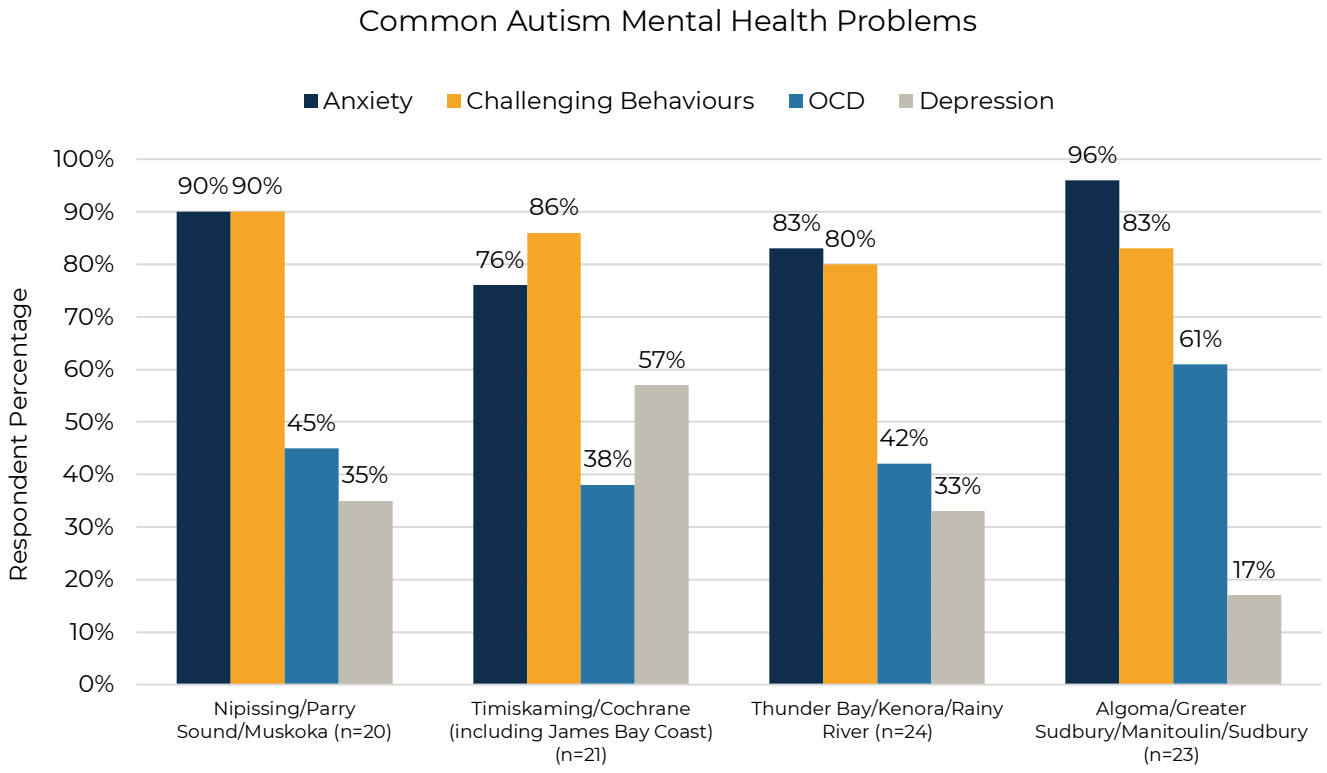
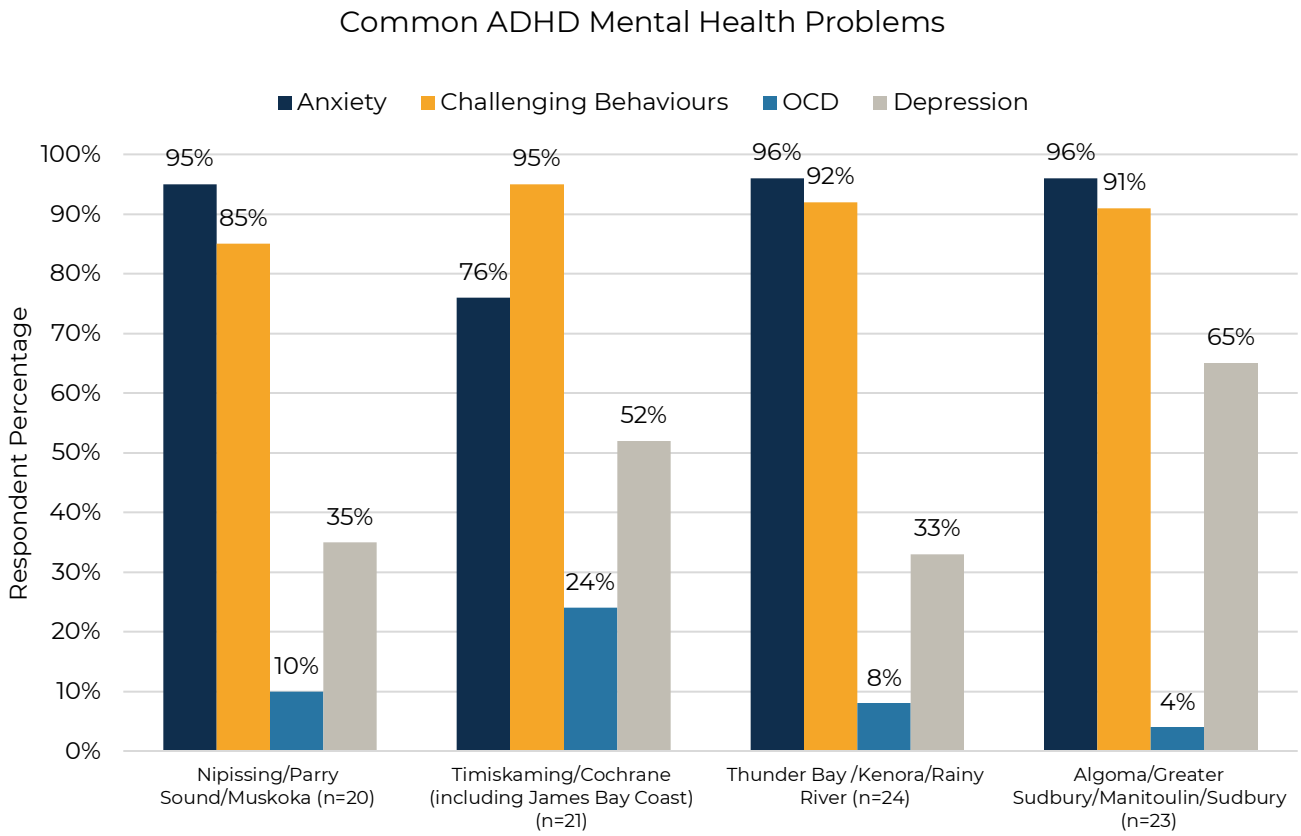


Figure 2.2: Percentage of North Region Public Providers Reporting Common Presenting Problems for Clients with ADHD by Service Area (*n* = 88)



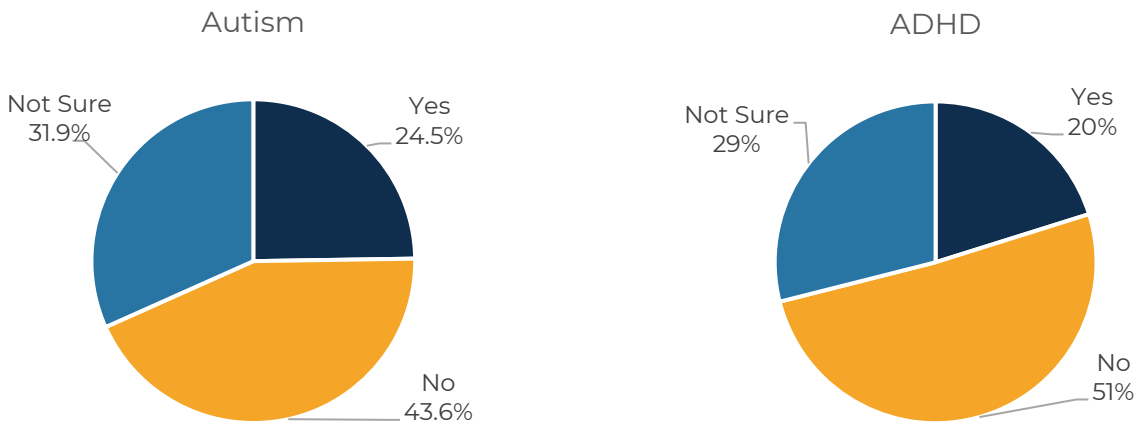
Common Treatment Approaches

Similar to the provincial findings, providers in the North Region reported using a broad set of interventions with their clients with ADHD and with autism, with the top three being Cognitive Behaviour Therapy (CBT; 86% and 60%, respectively), Solution Focused Therapy (SFT; 69% and 37%, respectively) and Family Therapy (53% and 44%, respectively). Significantly fewer respondents reported using CBT and SFT with clients with autism than for clients with ADHD. Overall, all three approaches were rated as being *very helpful* for both groups. However, respondents felt that all three interventions were significantly more helpful when used with clients with ADHD (CBT: $M = 7.20$, $SD = 1.56$; SFT: $M = 6.92$, $SD = 1.54$; Family: $M = 7.76$, $SD = 1.36$) compared to clients with autism (CBT: $M = 6.15$, $SD = 1.79$, $p < .001$; SFT: $M = 6.00$, $SD = 1.89$, $p = .01$; Family: $M = 7.25$, $SD = 1.43$, $p < .001$).

As shown in **Figure 3**, approximately 32% of respondents were *not sure* if their agency had established criteria (e.g., exclusionary criteria, practices, policies) for children with autism and 29% were *not sure* regarding ADHD. **Of those who were sure**, significantly more respondents noted that their agency had policies regarding autism (36%) than for ADHD (28%).

Figure 3: North Region Mental Health Organization Criteria for Children and Youth with Autism and with ADHD (*n* = 94)

"To your knowledge, does your agency have established criteria for providing mental health services to children with…"



Adaptations to Current Practice

Consistent with the provincial findings, North Region respondents used similar kinds of adaptations to the therapy they provide to clients with autism and with ADHD. As shown in **Table 3**, the two most common adaptations included *providing structure and predictability* and *making use of special interests during sessions.* For clients with ADHD, the third most common adaptation was *conducting shorter sessions,* and for clients with autism, the third most common adaptation was *involving family members*. For a full list of adaptations, please see the Provincial Report.

Table 3. Percentage of North Region Providers Reporting Common Adaptations to Psychotherapy for Clients with Autism and with ADHD (*n* = 93)

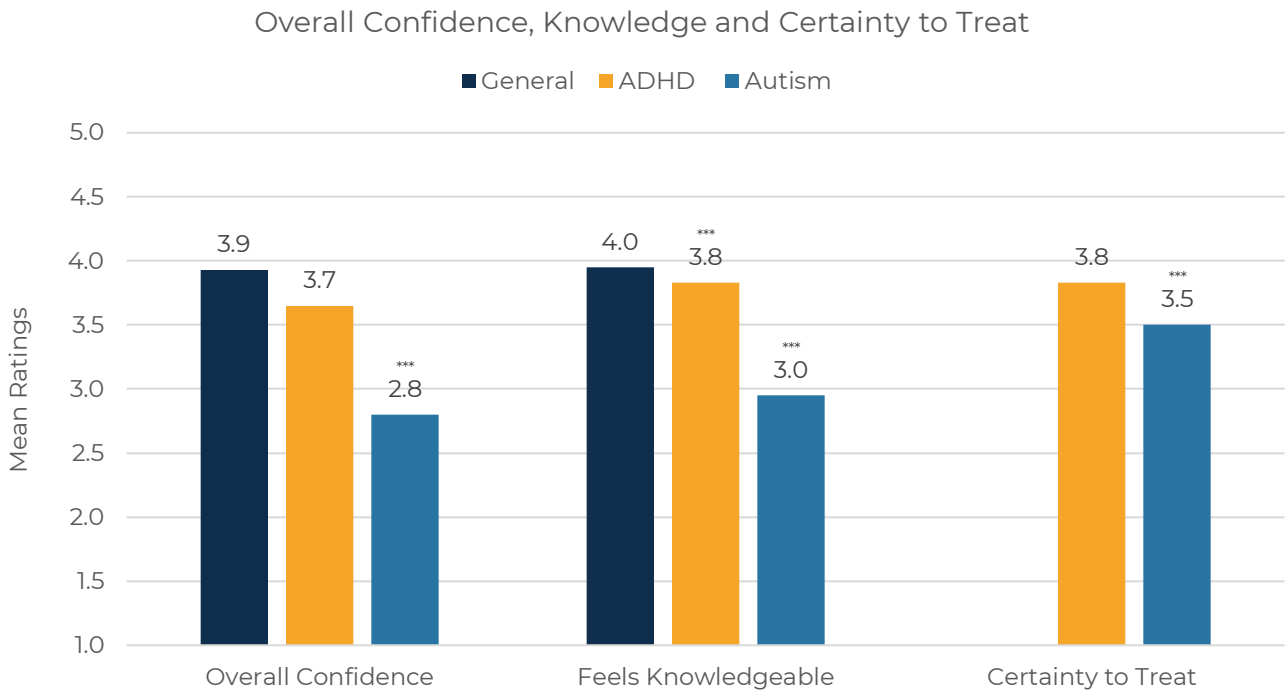
In the past, what adaptations have you made in psychotherapy with….	**%**
Clients with ADHD	
Provide structure and predictability (e.g., routines, transition activities)	85
Make use of special interests (e.g., include individual interests as part of therapy)	80
Length of sessions: Shorter	82
Clients with Autism	
Provide structure and predictability (e.g., routines, transition activities)	79
Make use of special interests (e.g., include individual interests as part of therapy)	75
Involving family members in sessions	70

Confidence, Knowledge and Certainty to Treat

Despite these treatment similarities, there were notable differences in how respondents felt about providing therapy to clients with autism. As shown in **Figure 4.1**, North Region respondents reported feeling significantly less confident and knowledgeable about providing psychotherapy to clients with autism compared to clients with ADHD, and to clients with mental health problems in general. Further, providers reported feeling less knowledgeable about providing psychotherapy to clients with ADHD compared to clients in general, although they did not have less confidence. They also reported feeling less certain about treating clients with autism with psychotherapy, compared to clients with ADHD[10].

Perhaps more striking was the percentage of respondents who felt very low levels of confidence and knowledge. As shown in **Figure 4.2**, only 5% of respondents felt *Not at All* or *Slightly* confident in providing psychotherapy to clients in general, compared to 11% for clients with ADHD and 46% for clients with autism. A similar pattern emerged in terms of providers' knowledge of, and certainty to treat, clients with autism relative to clients with ADHD and clients in general.

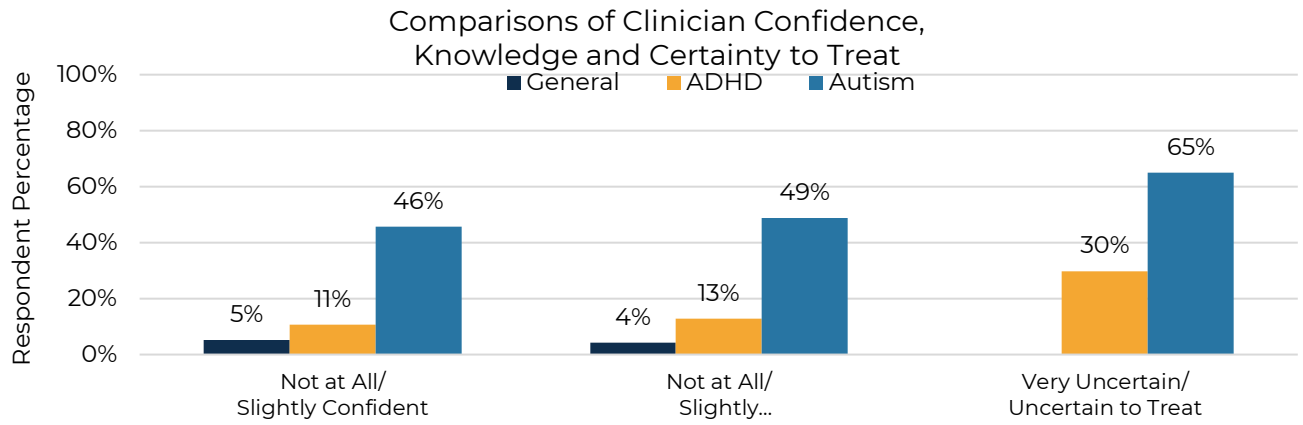
Figure 4.1: North Region Providers' Average Ratings of Confidence, Knowledge and Certainty to Treat (*n* = 94)



*** p <.001

[10] We did not ask the certainty question about children in general.

Figure 4.2: Percentage of North Region Providers Reporting Low Confidence, Knowledge and Certainty to Treat Clients with Autism Compared to Clients with ADHD[11] (*n* = 94)

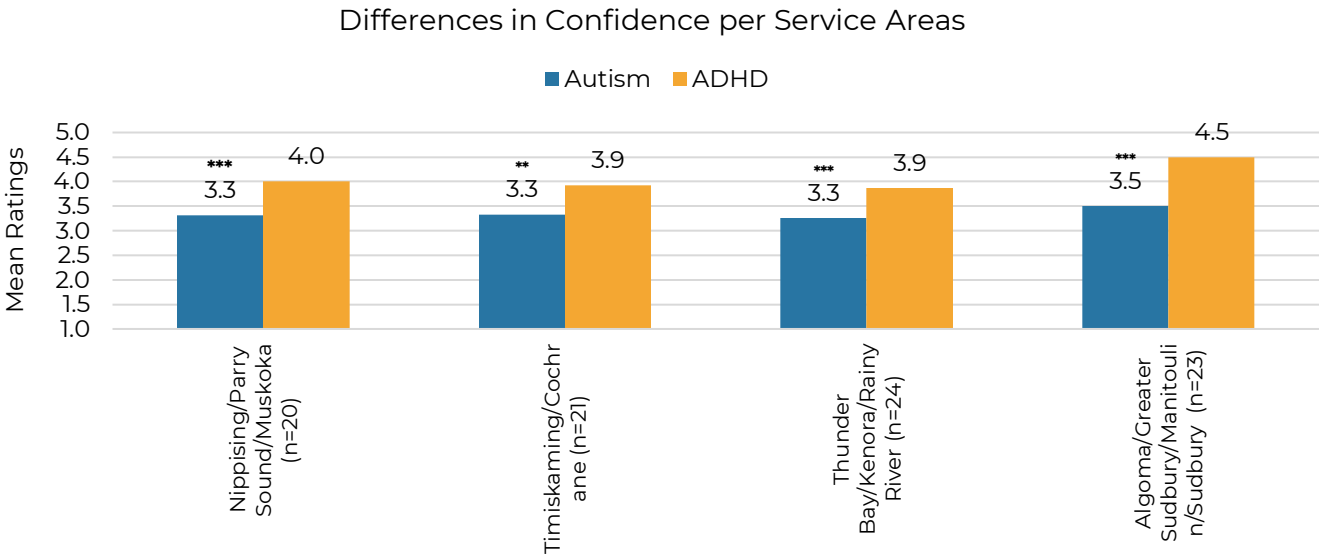


Deeper Dive into Therapist Confidence

North Region Service Areas

As shown in **Figure 5**, respondents in each of the service areas showed a similar pattern of significantly lower confidence in providing therapy for clients with autism compared to clients with ADHD.

Figure 5: Average Confidence Ratings for Treating Clients with Autism Compared to Clients with ADHD by North Region Service Areas (n = 88)



** p < .01, *** p <.001

[11] We did not ask the certainty question about children in general.

A Deeper Dive into Mental Health Provider Knowledge of Psychotherapy Practice

Similar to the provincial results, North Region service providers reported considerable knowledge about both ADHD and autism, but even here, they reported significantly greater knowledge about ADHD. As shown in **Table 4.1**, the greatest gaps in autism knowledge were in developing treatment plans, delivering treatment, providing psychotherapy, and identifying progress for clients. For clients with ADHD, there were significantly fewer knowledge concerns.

Table 4.1. North Region Providers' Self-Rated Knowledge for Treating Clients with Autism and ADHD (*n* = 94)

Knowledge Rating (% *Not at All/Slightly Knowledgeable*)		
	Autism	**ADHD**
Providing psychotherapy	**49**	13
Core symptoms	29	9
Co-occurring problems	32	14
Impacts on behaviour	25	6
Treatment planning	**52**	14
Delivering treatment	**50**	13
Identifying progress	**47**	14

North Region Service Areas

As shown in **Table 4.2**, across service areas, providers were more likely to indicate very low levels of knowledge regarding providing psychotherapy, identifying progress for clients, treatment planning, and delivering treatment to clients with autism compared to clients with ADHD.

Most notably, respondents in the Nipissing/Parry Sound/Muskoka area reported feeling less knowledgeable about the core symptoms and behavioural impact of ADHD compared to core symptoms and behavioural impact of autism.

Table 4.2. North Region Service Area Providers' Self-Rated Knowledge for Treating Clients with Autism and ADHD (*n* = 88)

Knowledge Rating (% *Not at All /Slightly Knowledgeable*)				
	Algoma/ Greater Sudbury/ Manitoulin/ Sudbury (*n* = 23)	**Thunder Bay/ Kenora/ Rainy River** (*n* = 24)	**Nipissing/ Parry Sound/ Muskoka** (*n* = 20)	**Timiskaming/ Cochrane (including James Bay Coast)** (*n* = 21)
Providing psychotherapy				
Autism	39	58	45	52
ADHD	4	13	20	19
Impacts on behaviour				
Autism	17	29	10	30
ADHD	17	33	45	33
Identifying progress				
Autism	30	58	35	60
ADHD	4	17	20	19
Core symptoms				
Autism	26	38	15	35
ADHD	17	33	45	43
Treatment planning				
Autism	39	54	45	60
ADHD	0	17	30	14
Co-occurring problems				
Autism	22	42	25	35
ADHD	9	8	25	19
Delivering treatment				
Autism	43	50	45	55
ADHD	4	17	25	10

Intention to provide psychotherapy

As shown in **Figure 6.1** and **Figure 6.2**, North Region providers' intentions to provide psychotherapy to children with autism had a very different profile compared to those with ADHD. Specifically, most therapists (65%) noted that they were *quite* or *extremely likely* to provide psychotherapy to clients with ADHD if it were up to them, while only 35% endorsed a similar level of likelihood when asked about clients with autism. In contrast, only 20% and 38% reported that they would be *unlikely* to provide psychotherapy to clients with ADHD and clients with autism, respectively.

Figure 6.1: North Region Providers' Intentions to Provide Psychotherapy to Clients with ADHD (*n* = 94)

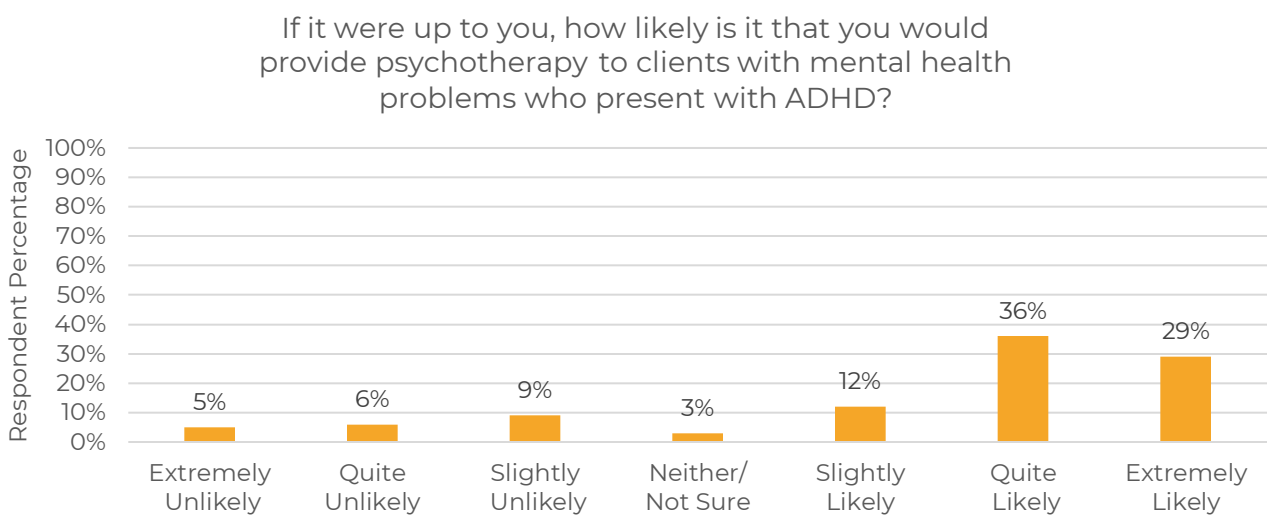
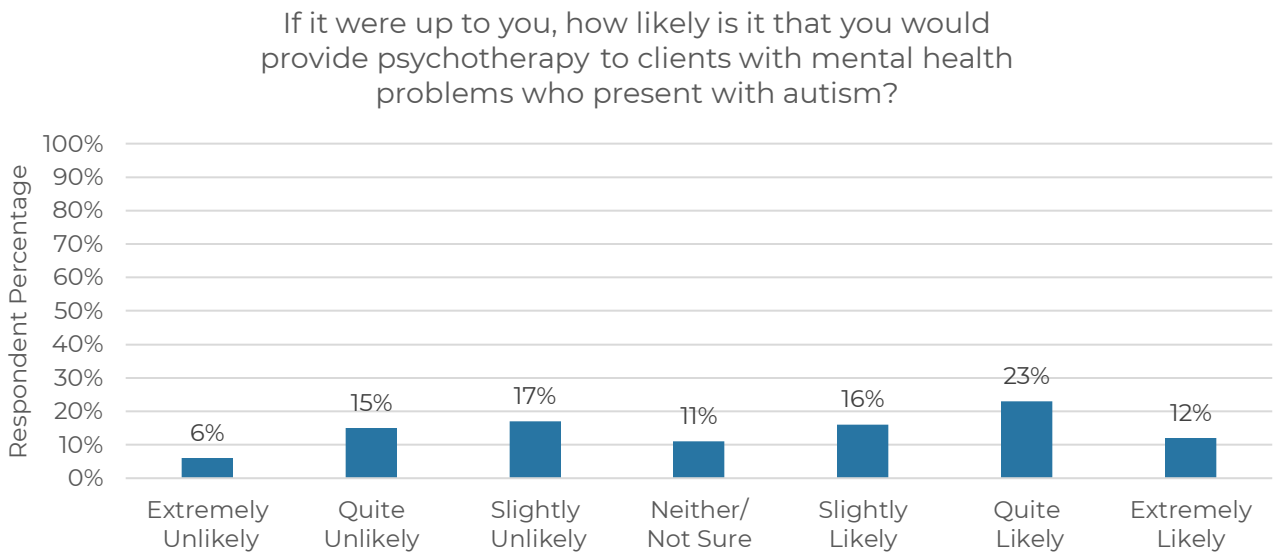


Figure 6.2: North Region Providers' Intentions to Provide Psychotherapy to Clients with Autism (*n* = 94)



Mental Health Agency Barriers

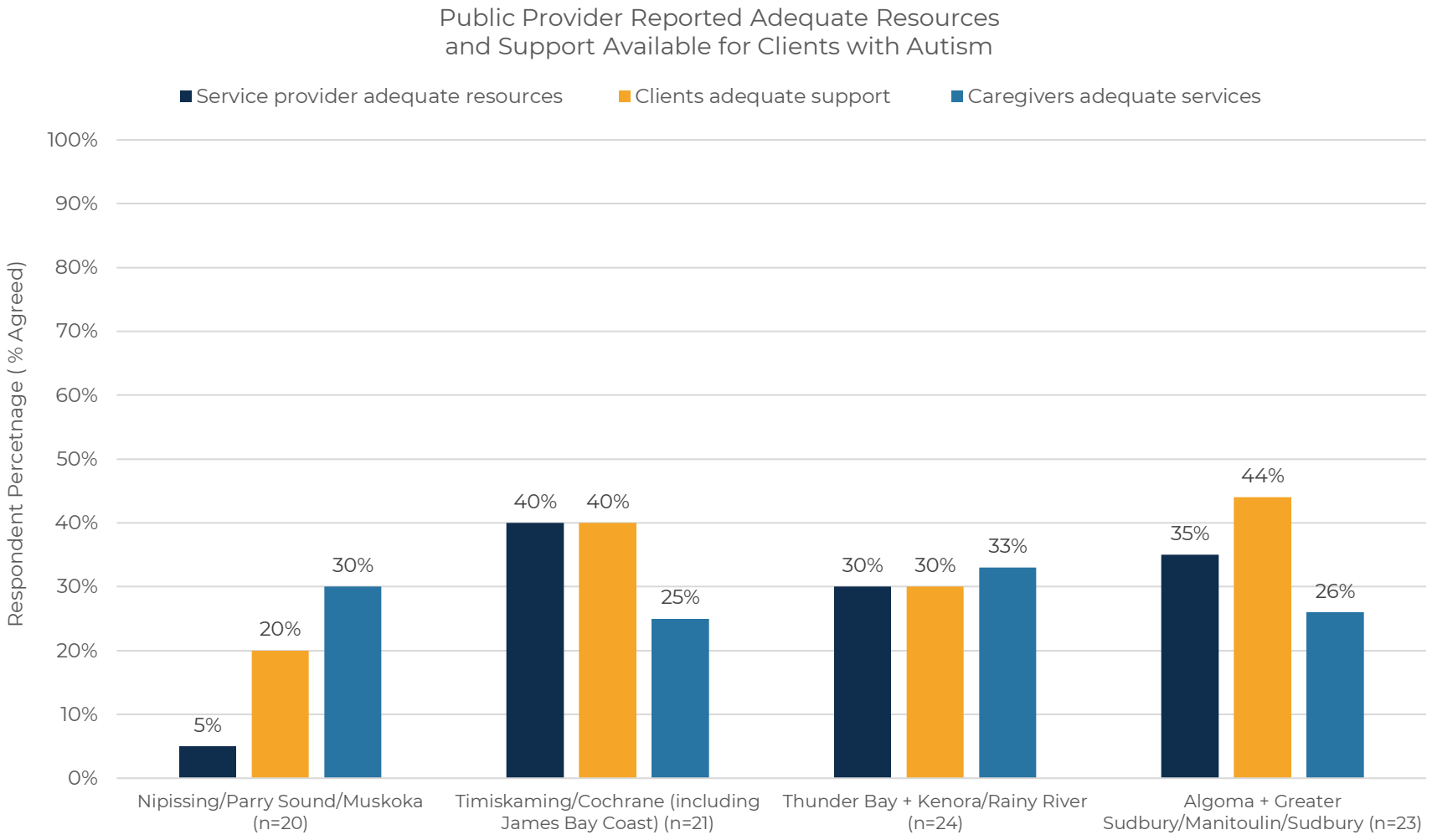
Over half of the North Region survey respondents (69%) reported at least one perceived barrier within their organization when accessing services for families of children with autism. In fact, there were several potential barriers noted by service providers in the North. In their clinical practice, only:

- 26% of service providers *agreed* to having adequate tools/referral resources/practice models to accommodate individuals with autism, similar to public (27%) and private (22%) providers at the provincial level.
- 32% of service providers *agreed* that their clients with autism have adequate support to effectively partner with them, similar to public (32%) and private (37%) providers at the provincial level.
- 28% of service providers *agreed* that caregivers of their clients with autism have sufficient services and support to effectively partner with them in their practice, similar to public (29%) and private (20%) providers at the provincial level.

North Region Service Areas

As shown in **Figure 7**, and compared to the provincial data, a considerably low percentage of respondents at the service area level agreed that they have adequate tools/resources to accommodate individuals with autism in their practice, that their clients with autism have adequate support to effectively partner with them, and that caregivers of their clients with autism have sufficient services and support available. In fact, only 5% of respondents from Nipissing/Parry Sound/Muskoka felt that they have adequate resources to accommodate clients with autism in their practice, and only 20% felt that these clients have adequate supports. Less than one third of respondents across all service areas reported that caregivers had adequate support.

Figure 7: Adequate Resources, Support and Services for Clients with Autism Based on North Region Service Areas (*n* = 88)



Training Needs and Ideas

The North Region findings were comparable to the provincial-level results. More than half of North Region respondents reported that they had some formal training in working with clients with autism (55%) and with ADHD (61%). As shown in **Figure 8.1** and **Figure 8.2**, the pattern of approximate training hours received by service providers was fairly similar for autism and for ADHD.

Figure 8.1 North Region Service Providers' Hours of Training in Working with Clients with ADHD (*n* = 56)

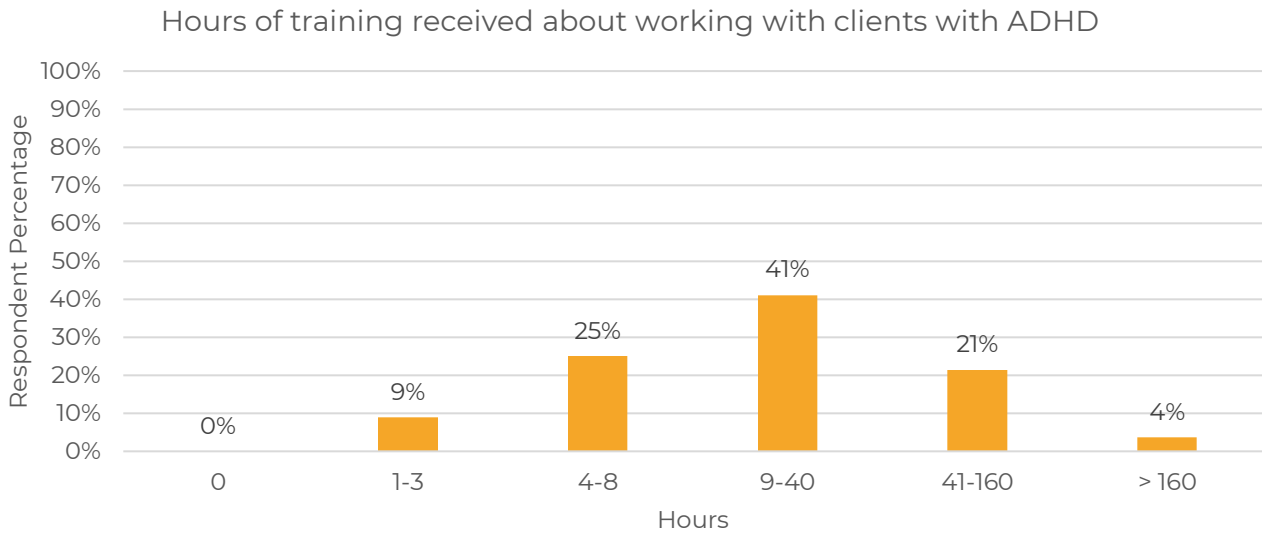
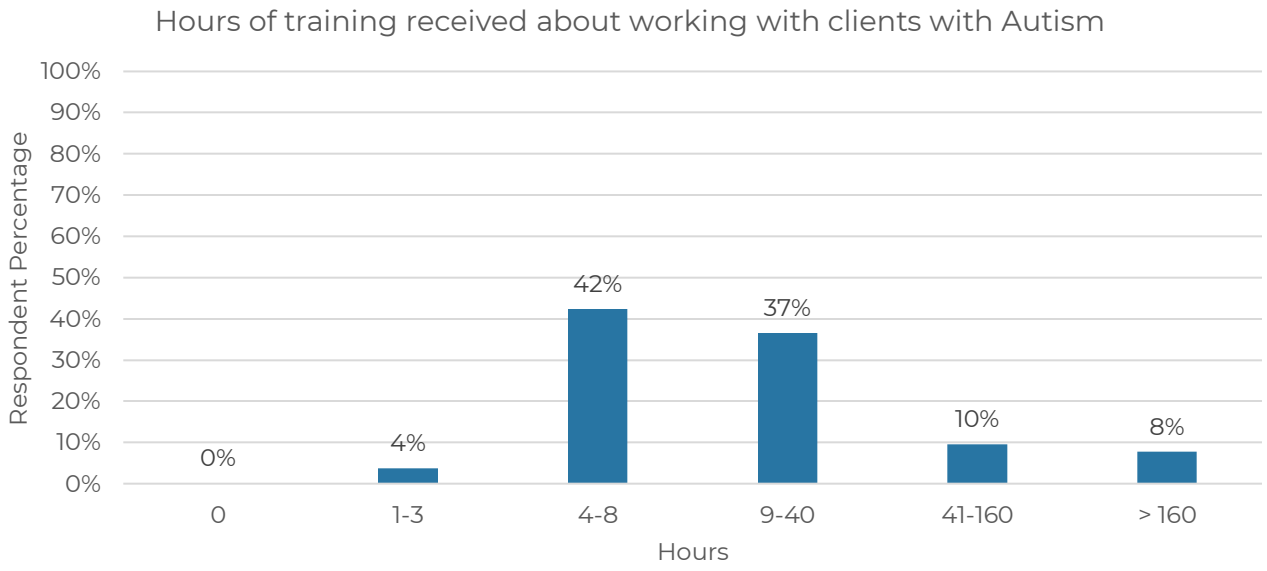


Figure 8.2 North Region Service Providers' Hours of Training in Working with Clients with Autism (*n* = 52)

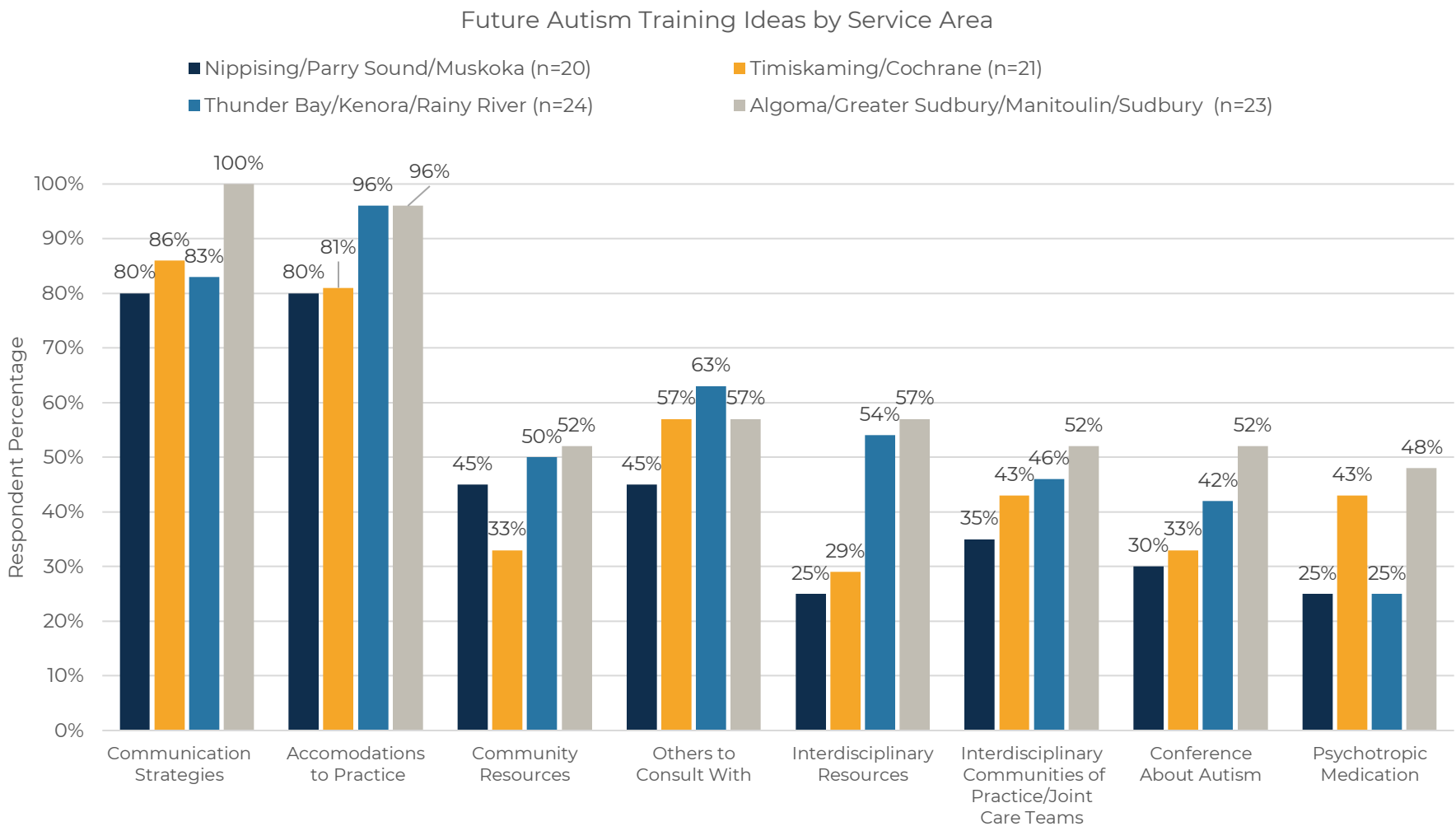


In terms of service providers' interest in additional training, similar patterns were found for the North Region and provincial samples. Most survey respondents (81%) indicated that they would *very likely* attend a training session related to mental health interventions for clients with autism or clients with ADHD. For clients with autism, many respondents requested training and resource needs surrounding accommodations to practice (89%), communication strategies (86%), community resources (66%), and a network of other practitioners to consult with (61%). Approximately half of the sample indicated that they would want training on interdisciplinary resources (51%), to learn more about autism (48%), to gain access to interdisciplinary communities of practice/joint care teams (41%), and to learn more about psychotropic medication (38%).

North Region Service Areas

As shown in **Figure 9**, across all four service areas communication strategies and accommodations to practice were selected by most respondents as their top training topics when working with clients with autism. These patterns are similar to the provincial level results, where 90% of providers requested training on communication strategies and accommodation to practice. In Timiskaming/Cochrane, many respondents also endorsed an interest in learning more about other practitioners that they could consult with when working with clients with autism. In Thunder Bay/Kenora/Rainy River, more than 50% of respondents also endorsed community resources, finding other practitioners to consult with, and interdisciplinary resources as desired training topics and supports. In Algoma, all topics were endorsed by over 50% of respondents, except for psychotropic medication (which was selected by 48% of service area respondents).

Figure 9: Percentage of Public Mental Health Providers Reporting an Interest in Future Autism Training by Service Area (n = 88)



East Region Results

About East Region Respondents

Survey respondents included 178 service providers (98% public; 2% private), of whom 87% were women. Providers ranged from 20 to 63 years of age (*M* = 40, *SD* = 11, Median = 38). Most respondents identified as White (85%), were employed full-time (94%) and had a post-secondary education (93%), such as an associate degree (24%), a bachelor's degree (40%), or a master's degree (23%). East Region respondents included direct service providers (86%), supervisors/coordinators (8%), and some who noted being both direct service providers and supervisors/coordinators (6%). The surveys were completed by social workers (43%), registered psychotherapists (24%), child and youth workers (19%), clinical psychologists (5%), social service workers (3%), registered nurses (2%), and those with other professional designations (4%).

East Region Service Areas[12]

There are 9 service areas in the East Region. Service area data was available for 174 public service providers who completed the survey. As shown in **Table 2**, six service areas had a sufficient sample size to permit reporting on that service area on their own: Durham (*n* = 21), Haliburton/Kawartha Lakes/Peterborough[13] (*n* = 17), Hastings/Prince Edward/Northumberland (*n* = 20), Lanark/Leeds & Grenville (*n* = 20), Ottawa (*n* = 66) and Renfrew (*n* = 16). We did not have a sufficient sample of respondents to report on the following three service areas: Frontenac/Lennox and Addington, Prescott and Russell, as well as Stormont, Dundas and Glengarry. In total, 160 public service providers were examined at the service area level within the East Region.

[12] Service area level data was only available for public providers

[13] A small number of service areas were identified across multiple Ontario regions

Survey Results from the East Region

Common Mental Health Problems

Consistent with the provincial findings, the most common presenting problems for clients with ADHD and with autism in the East Region were anxiety (90% and 87%, respectively), challenging behaviours (87% and 88%, respectively), and depression (47% and 41%, respectively).

East Region Service Areas

As shown in **Figure 10.1** and **Figure 10.2**, a consistent pattern emerged across all service areas in terms of common mental health problems for clients with ADHD and clients with autism. The top two presenting problems reported for clients with autism and clients with ADHD included anxiety and challenging behaviours across all service areas, followed by depression across most service areas except for Ottawa (where obsessive-compulsive disorder was reported to be more common than depression for clients with autism). Overall, patterns for each service area reflected the same pattern as the entire East region. These findings were similar to the provincial results.

Figure 10.1: Percentage of East Region Public Providers Reporting Common Presenting Problems for Clients with Autism by Service Area (*n* = 160)

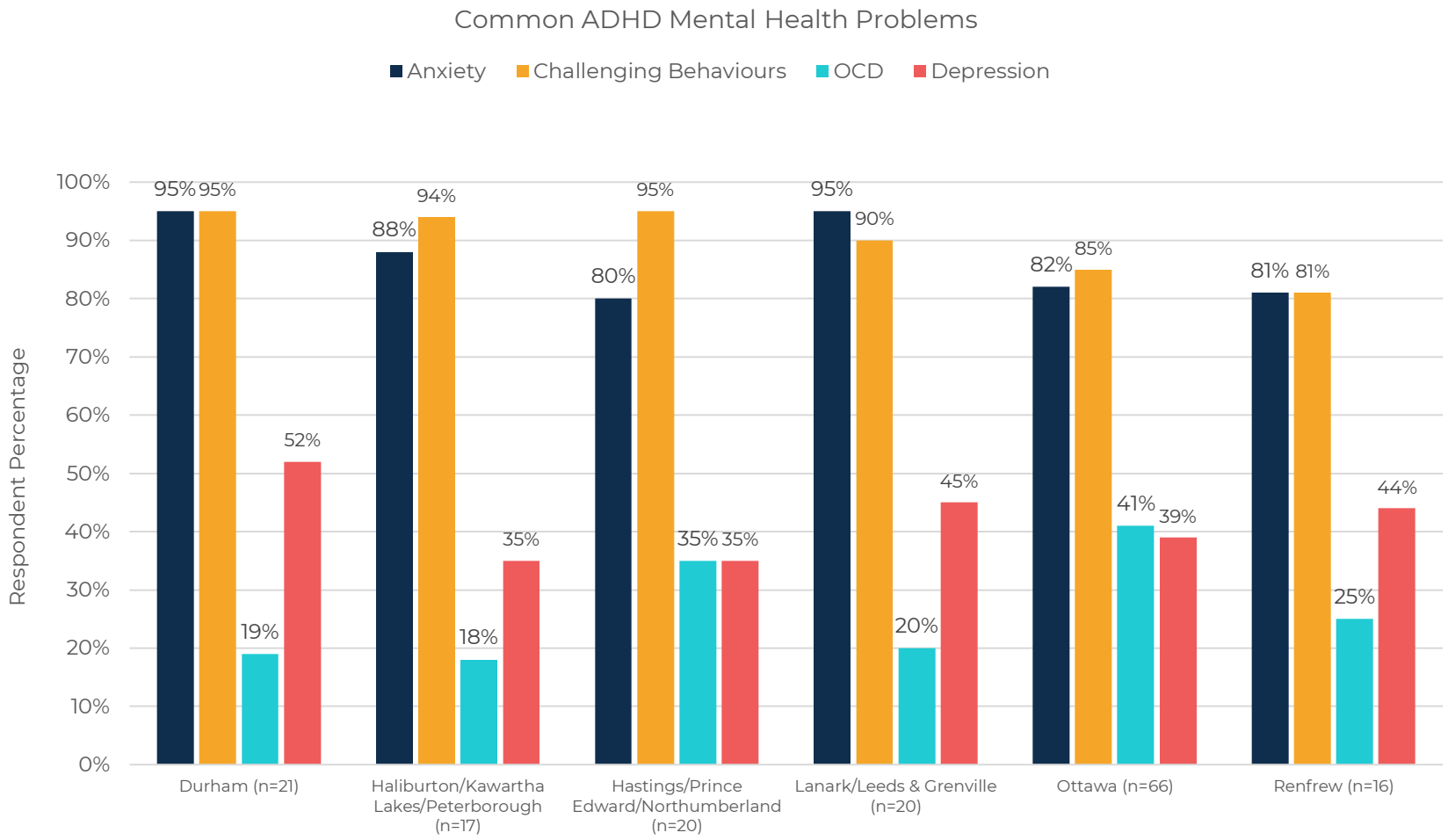
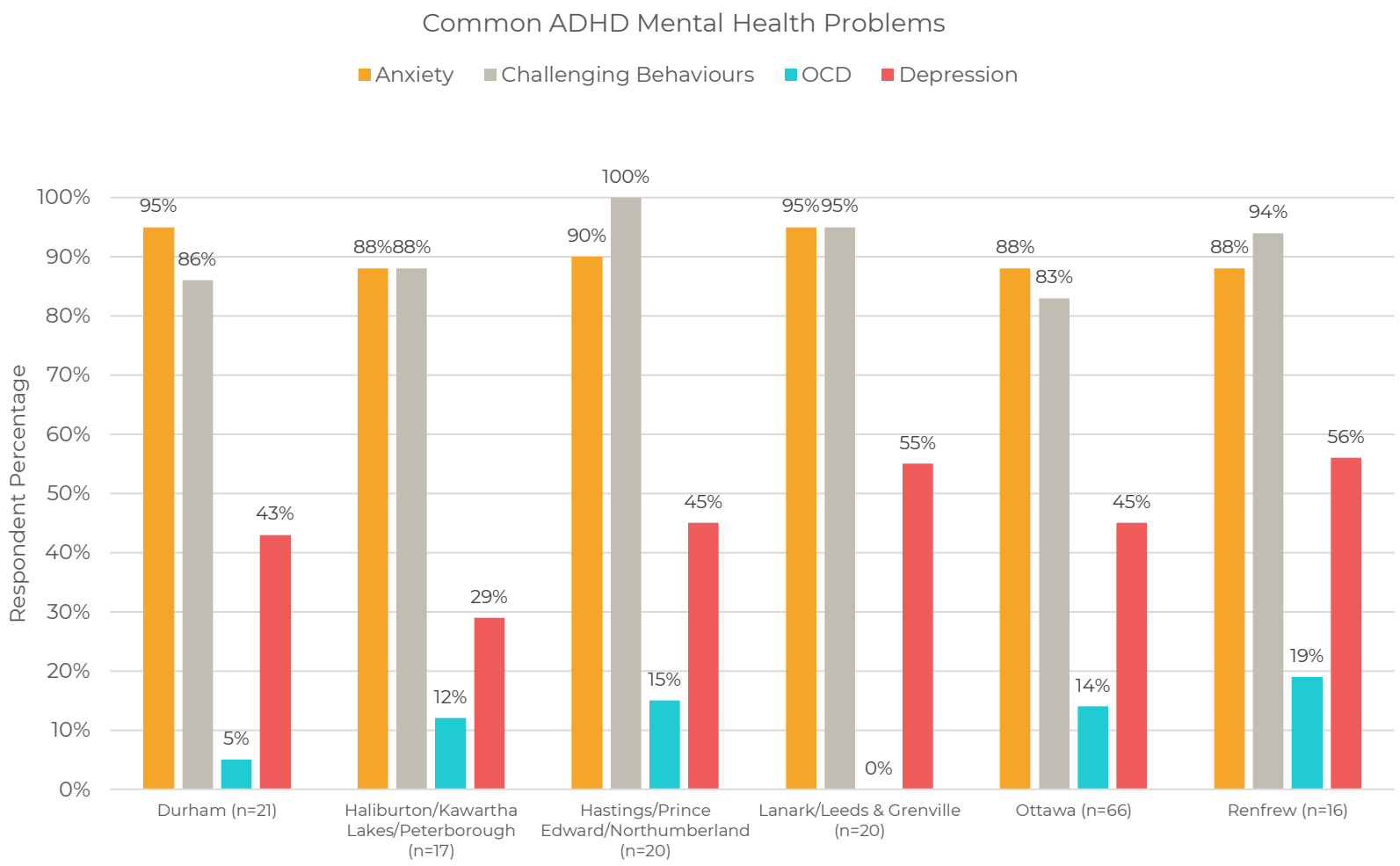


Figure 10.2: Percentage of East Region Public Providers Reporting Common Presenting Problems for Clients with ADHD by Service Area (*n* = 160)



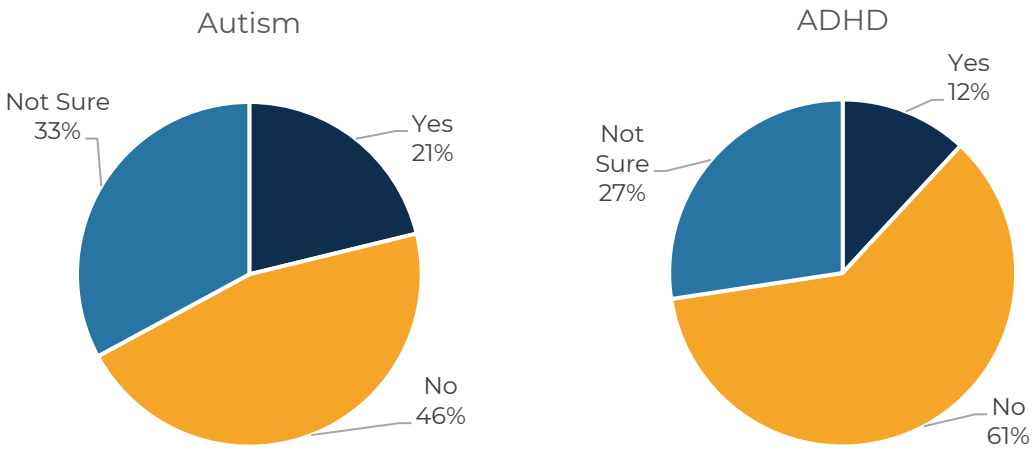
Common Treatment Approaches

Similar to the provincial findings, providers in the East Region reported using a broad set of interventions with their clients with ADHD and with autism, with the top three being CBT (86% and 71%, respectively), Solution Focused Therapy (SFT; 67% and 50%, respectively) and Family Therapy (48% and 45%, respectively). Respondents noted using CBT and SFT significantly less often with clients with autism than with clients with ADHD. Overall, service providers rated these approaches as being *very helpful* for both clients, though did report that all three approaches were significantly more helpful when used with clients with ADHD (CBT: $M = 7.35$, $SD = 1.63$; SFT: $M = 7.40$, $SD = 1.49$; Family: $M = 8.35$, $SD = 1.18$) compared to clients with autism (CBT: $M = 6.07$, $SD = 1.88$; SFT: $M = 6.09$, $SD = 1.70$; Family: $M = 7.25$; $SD = 1.43$; all $p < .001$).

For a subset of the sample (administered in April-May 2021, $n = 85$), we asked the follow-up question below to further understand treatment policies. As shown in **Figure 11**, approximately 33% of respondents were *not sure* if their agency had established criteria (e.g., exclusionary criteria, practices, policies) for children with autism and 27% were *not sure* regarding ADHD. **Of those who were sure**, 16% reported that their agency had policies regarding ADHD, while 32% reported policies regarding autism.

Figure 11: East Region Mental Health Organization Criteria for Children and Youth with Autism (*n* = 85) and with ADHD (*n* = 84)

"To your knowledge, does your agency have established criteria for providing mental health services to children with..."



Adaptations to Current Practice

Consistent with the provincial findings, East Region respondents used similar kinds of adaptations when providing therapy to clients with autism and with ADHD. As shown in **Table 5**, the most common adaptation for both groups was *providing structure and predictability*. For clients with ADHD, other common adaptations included *conducting shorter sessions* and *capitalizing on clients' strengths*. For clients with autism, other common adaptations included *making use of special interests* and *making abstract concepts more concrete*. For a full list of adaptations, please see the Provincial Report.

Table 5. Percentage of East Region Providers Reporting Common Adaptations to Psychotherapy for Clients with Autism and with ADHD (*n* = 178)

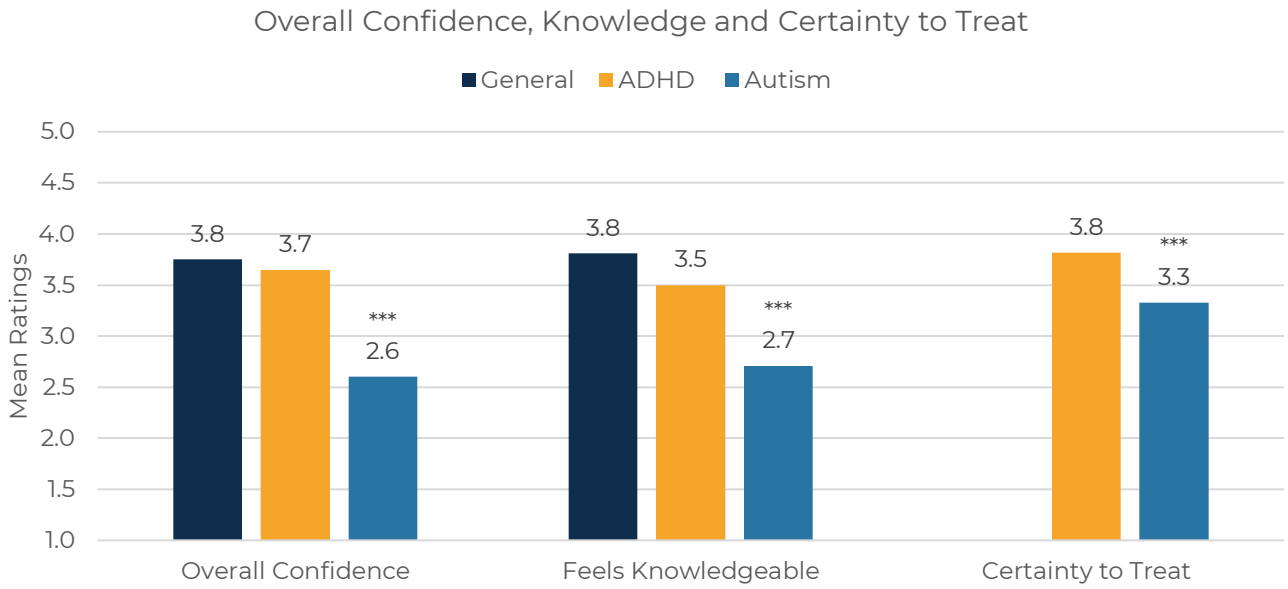
In the past, what adaptations have you made in psychotherapy with....	**%**
Clients with ADHD	
Provide structure and predictability (e.g., routines, transition activities)	89
Length of sessions: Shorter	80
Capitalize on strengths (e.g., intelligence and acquisition of new information	80
Clients with Autism	
Provide structure and predictability (e.g., routines, transition activities)	84
Make use of special interests (e.g., include individual interests as part of therapy)	81
Make abstract concepts for concrete	79

Confidence, Knowledge and Certainty to Treat

As shown in **Figure 12.1**, East Region respondents reported feeling significantly less confident and less knowledgeable about providing psychotherapy to clients with autism compared to clients with ADHD, and to clients with mental health problems in general. There were no differences in confidence and in knowledge between clients in general and those with ADHD. Respondents also reported feeling less certain about treating clients with autism with psychotherapy, compared to clients with ADHD[14]. As shown in **Figure 12.2**, only 3% of respondents felt *Not at All* or *Slightly* confident in providing psychotherapy to clients in general, compared to 8% for clients with ADHD and 42% for clients with autism. A similar pattern emerged in terms of providers' knowledge of, and certainty to treat, clients with autism relative to clients with ADHD and clients in general. This pattern was similar to that of the broader provincial data.

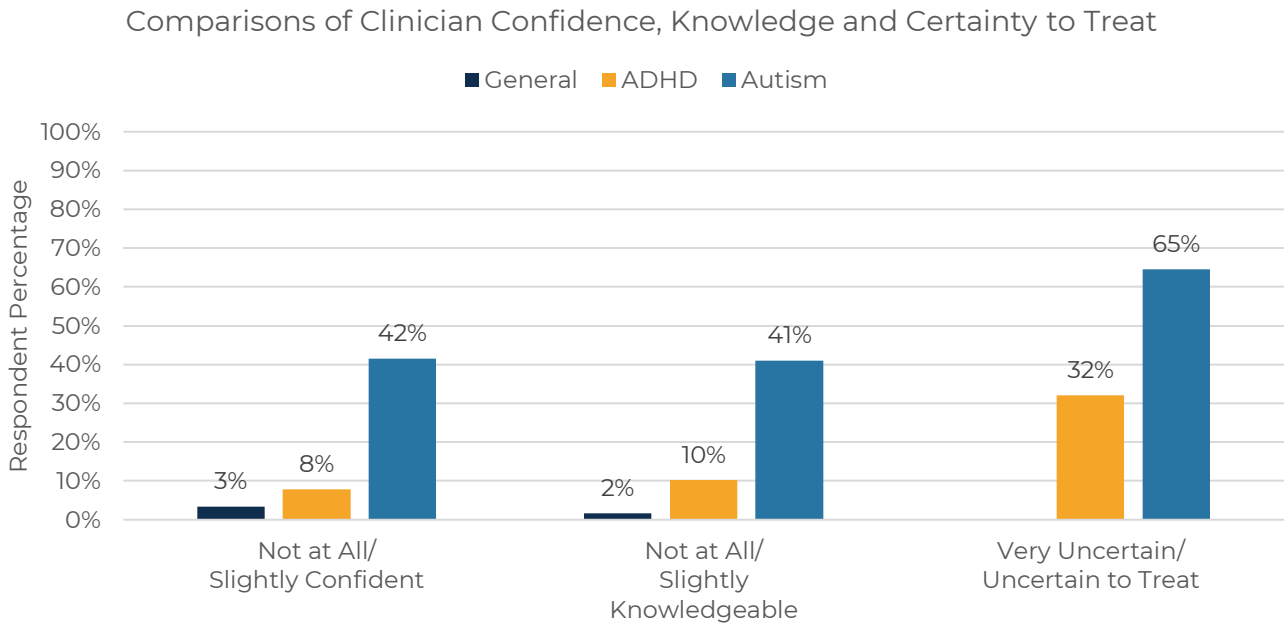
[14] We did not ask the certainty question about clients in general.

Figure 12.1: East Region Providers' Average Ratings of Confidence, Knowledge and Certainty to Treat



*** $p < .001$

Figure 12.2: Percentage of East Region Providers Reporting Low Confidence, Knowledge and Certainty to Treat Clients with Autism Compared to Clients with ADHD[15]

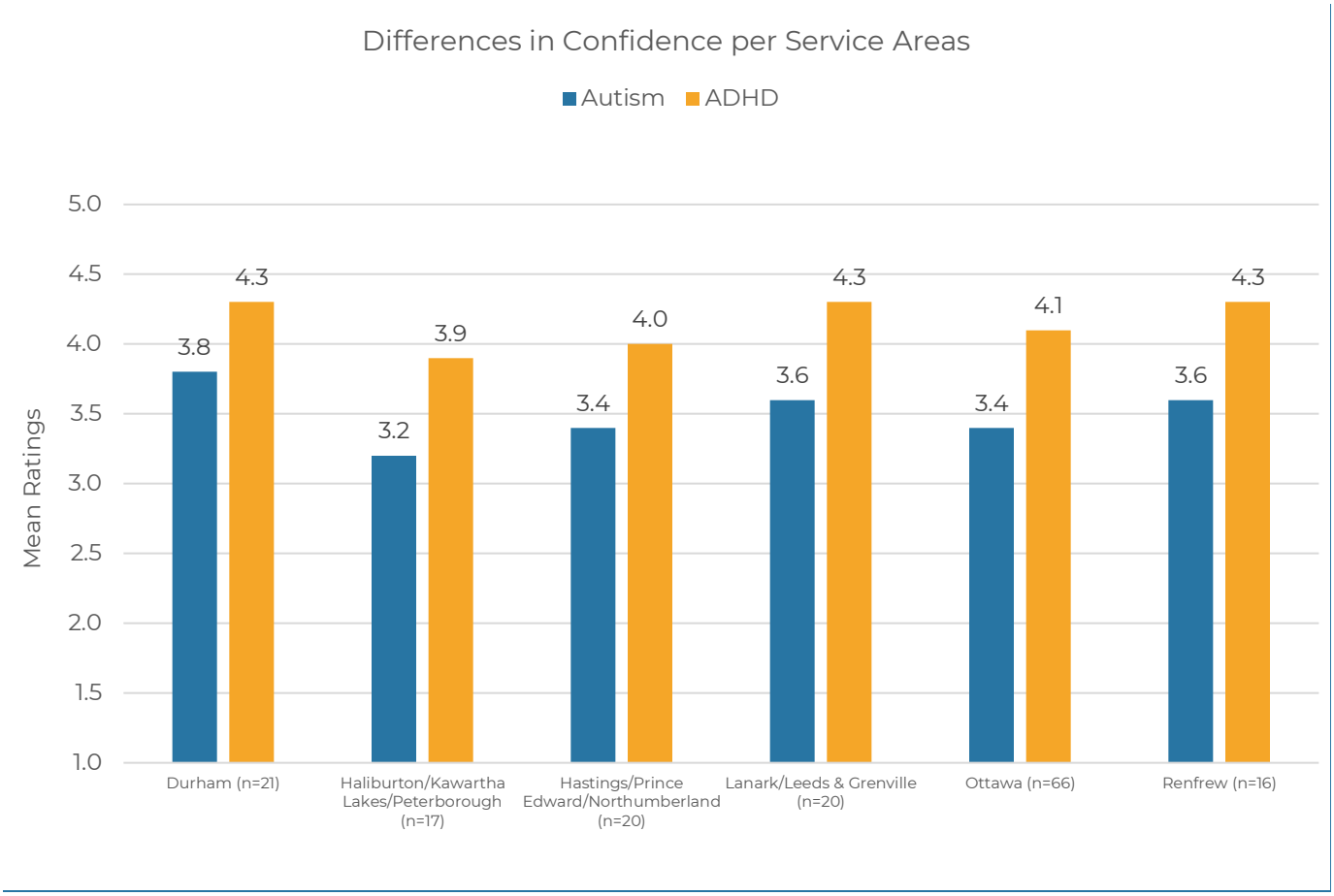


[15] We did not ask the certainty question about children in general.

Deeper Dive into Therapist Confidence

As shown in **Figure 13**, for each of the service areas, respondents showed a similar pattern of significantly lower confidence in providing therapy to clients with autism compared to clients with ADHD.

Figure 13: Average Confidence Ratings for Treating Clients with Autism Compared to Clients with ADHD by East Region Service Areas (*n* = 160)



A Deeper Dive into Mental Health Provider Knowledge of Psychotherapy Practice

As shown in **Tables 6.1**, East Region clinicians reported considerable knowledge about both ADHD and autism, but even here, they reported significantly greater knowledge about ADHD. Similar to provincial results, the greatest gaps in autism knowledge occurred in developing treatment plans, providing psychotherapy, and delivering treatments for clients with autism. Gaps in knowledge were not apparent with providing support to clients with ADHD.

Table 6.1. East Region Providers' Self-Rated Knowledge for Treating Clients with Autism and with ADHD (*n* = 178)

Knowledge Rating (% Not at All/Slightly Knowledgeable)	Autism	ADHD
Providing psychotherapy	**41**	10
Core symptoms	24	6
Co-occurring problems	**33**	10
Impacts on behaviour	19	7
Treatment planning	**56**	10
Delivering treatment	**42**	11
Identifying progress	**37**	9

East Region Service Areas

As shown in **Table 6.2**, across all service areas, providers were more likely to indicate very low levels of knowledge in terms of providing psychotherapy, identifying progress for clients, treatment planning, and delivering treatment to clients with autism compared to clients with ADHD. These results are consistent with the patterns observed in the Provincial Report, except for those for the Durham area, who rarely reported any knowledge gaps.

Table 6.2 East Region Service Area Providers' Self-Rated Knowledge for Treating Clients with Autism and with ADHD (*n* = 160)

Knowledge Rating (% Not at All/Slightly Knowledgeable)	**Durham** (*n* = 21)	**Haliburton/ Kawartha Lakes/ Peterborough** (*n* = 17)	**Hastings/ Prince Edward/ Northumberland** (*n* = 20)	**Lanark/ Leeds & Grenville** (*n* = 20)	**Ottawa** (*n* = 66)	**Renfrew** (*n* = 16)
Providing psychotherapy						
Autism	10	59	45	30	50	40
ADHD	0	18	11	10	11	0
Impacts on behaviour						
Autism	10	24	20	25	15	25
ADHD	0	12	5	5	9	0
Identifying progress						
Autism	5	47	50	25	46	38
ADHD	0	18	0	5	15	0
Core symptoms						
Autism	5	35	20	25	24	31
ADHD	0	12	5	5	8	0
Treatment planning						
Autism	19	65	55	30	50	38
ADHD	5	18	10	5	14	6
Co-occurring problems						
Autism	14	65	25	25	35	31
ADHD	0	24	5	10	11	6
Delivering treatment						
Autism	19	59	35	30	49	38
ADHD	0	18	10	5	15	6

Intention to provide psychotherapy

As shown in **Figure 14.1** and **Figure 14.2**, East Regional providers' intentions to provide psychotherapy to children with autism had a very different profile compared to those with ADHD. Specifically, most therapists (76%) noted that they were *quite* or *extremely likely* to provide psychotherapy to clients with ADHD if it were up to them, while only 33% endorsed a similar level of likelihood when asked about clients with autism. In contrast, only 12% and 28% reported that they would be *unlikely* to provide psychotherapy to clients with ADHD and clients with autism, respectively.

Figure 14.1: East Region Providers' Intentions to Provide Psychotherapy to Clients with ADHD (*n* = 178)

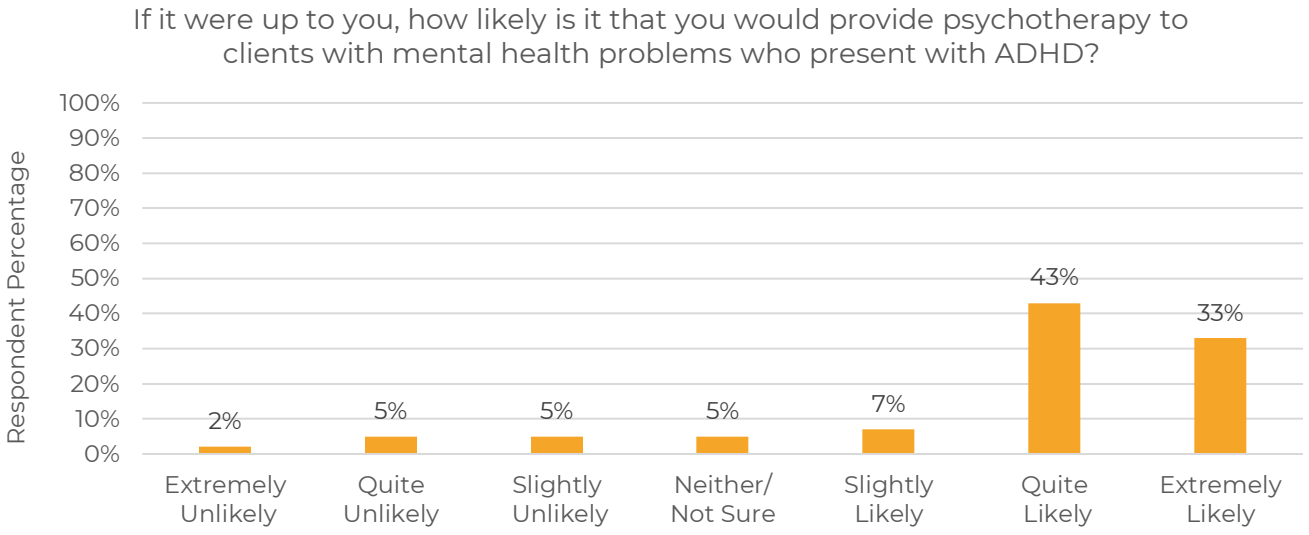
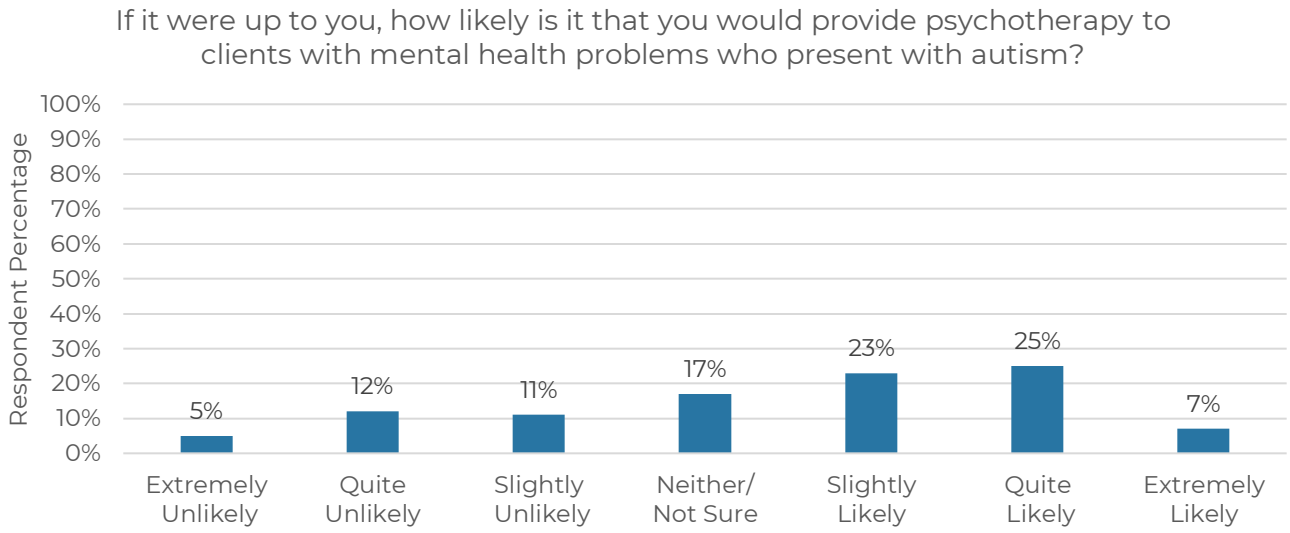


Figure 14.2: East Region Providers' Intentions to Provide Psychotherapy to Clients with Autism (*n* = 178)



Mental Health Agency Barriers

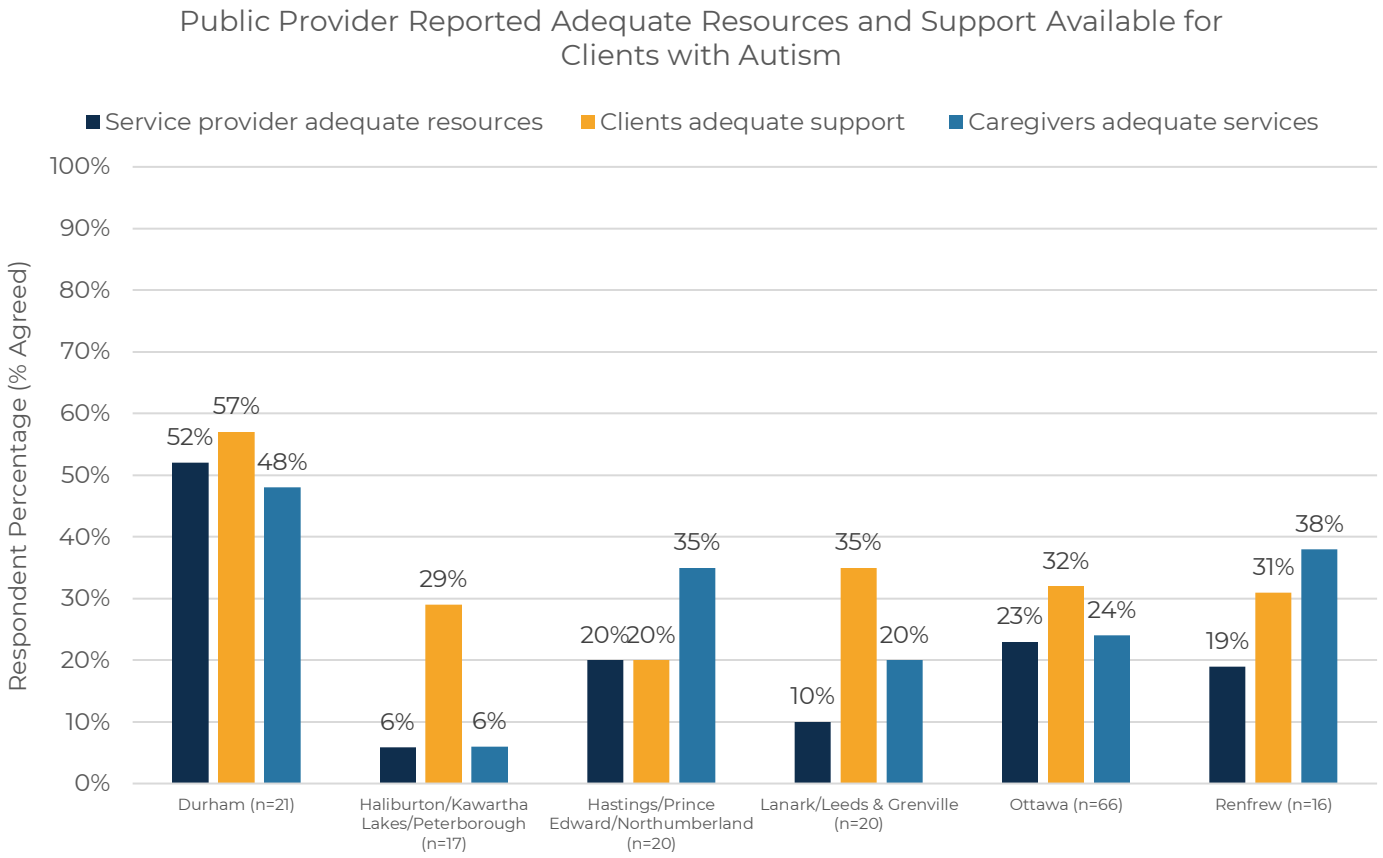
A little over a quarter of the East Region survey respondents (29%) reported at least one perceived barrier within their organization when accessing services for families of children with autism. Only:

- 23% of the East Region service providers *agreed* that they have adequate tools to support and accommodate their clients with autism, similar to public (27%) and private (22%) providers at the provincial level.
- 33% of service providers *agreed* that their clients with autism have adequate support to effectively partner with them, similar to public (32%) and private (37%) providers at the provincial level.
- 29% of service providers *agreed* that caregivers of their clients with autism have sufficient services and support to effectively partner with them, similar to public (29%) and private (20%) providers at the provincial level.

East Region Service Areas

As shown in **Figure 15**, across all service areas except for one, a considerably low percentage of respondents agreed that they have adequate tools/resources to accommodate individuals with autism in their practice, that their clients with autism have adequate support to effectively partner with them, and that caregivers of their clients with autism have sufficient services and support available. In fact, only 6% of respondents from Haliburton/Kawartha Lakes/Peterborough felt that they had adequate resources to provide psychotherapy to clients with autism, and only 29% felt that these clients had adequate supports. With the exception of the Durham area, only approximately one third of respondents across all service areas reported that caregivers of clients with autism had adequate support. In Durham, nearly half of the respondents agreed that they have adequate resources available to accommodate their clinical practice, that their clients have adequate tools to partner effectively, and that caregivers are sufficiently equipped to collaborate.

Figure 15: Adequate Resources, Support and Services Available for Treating Clients with Autism Based in East Region Service Areas (*n* = 160)



Training Needs and Ideas

The East Region findings were comparable to the provincial-level results. About half of East Region respondents reported that they had formal training in working with clients with autism (49%) and with ADHD (53%). As shown in **Figures 16.1** and **16.2**, the pattern of training hours received by service providers was fairly similar for autism and for ADHD, although providers reported slightly fewer hours of training for autism.

Figure 16.1 East Region Service Providers' Hours of Training in Working with Clients with ADHD (*n* = 95)

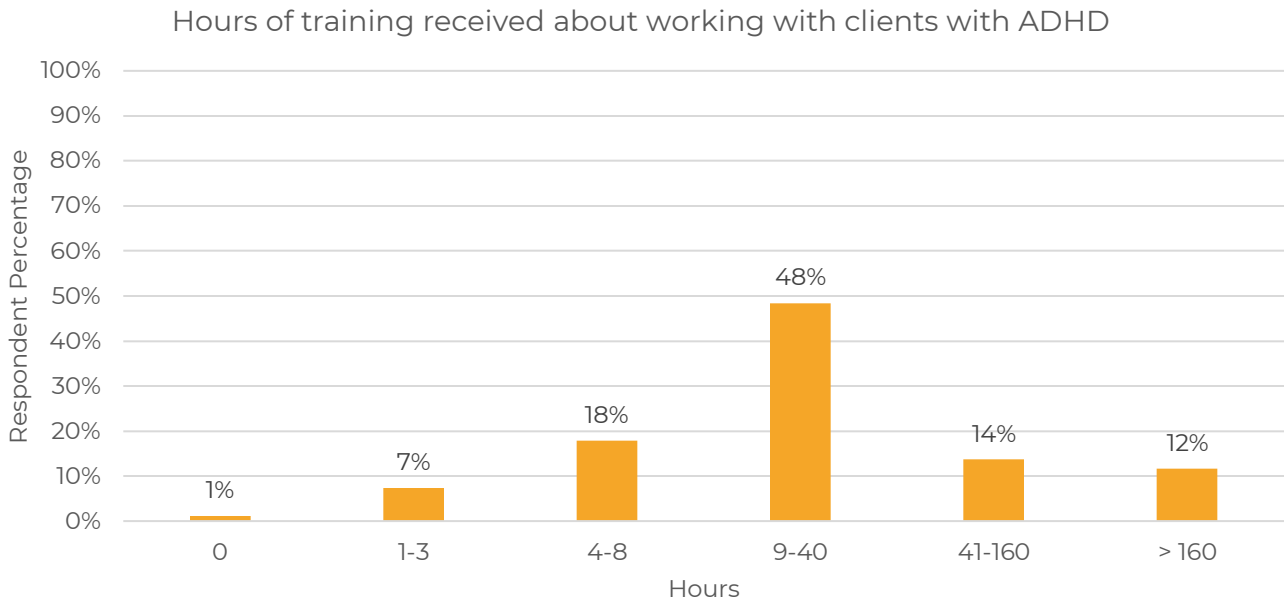
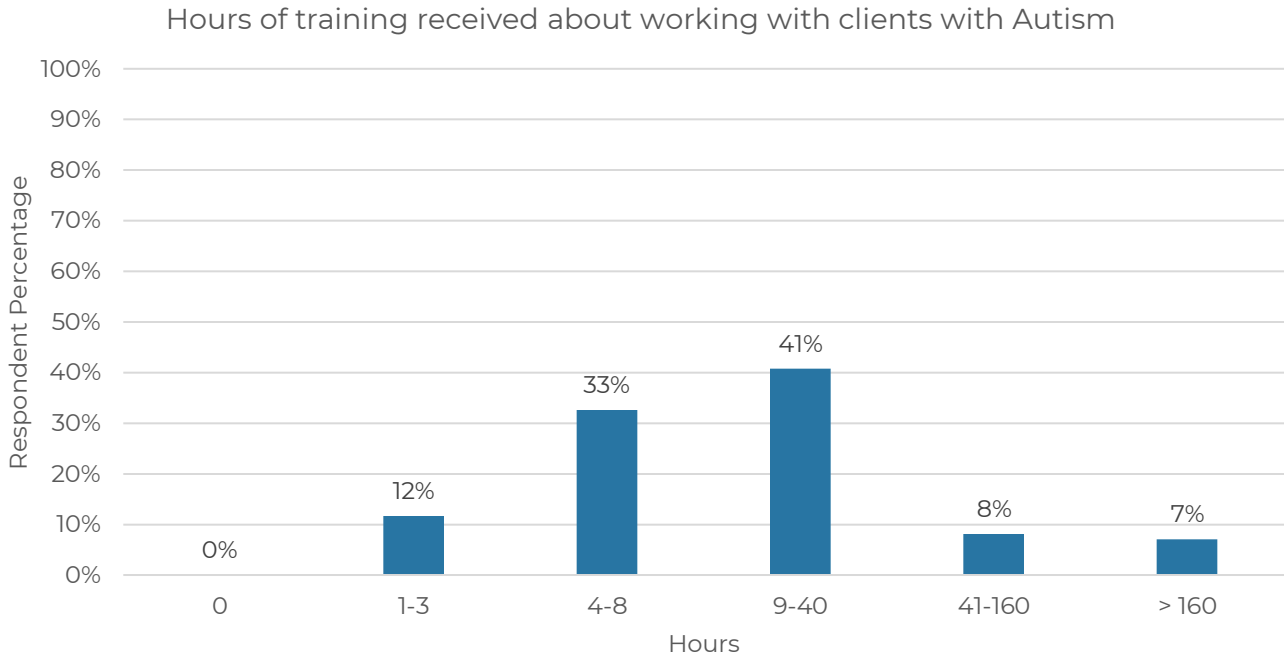


Figure 16.2 East Region Service Providers' Hours of Training in Working with Clients with Autism (*n* = 86)

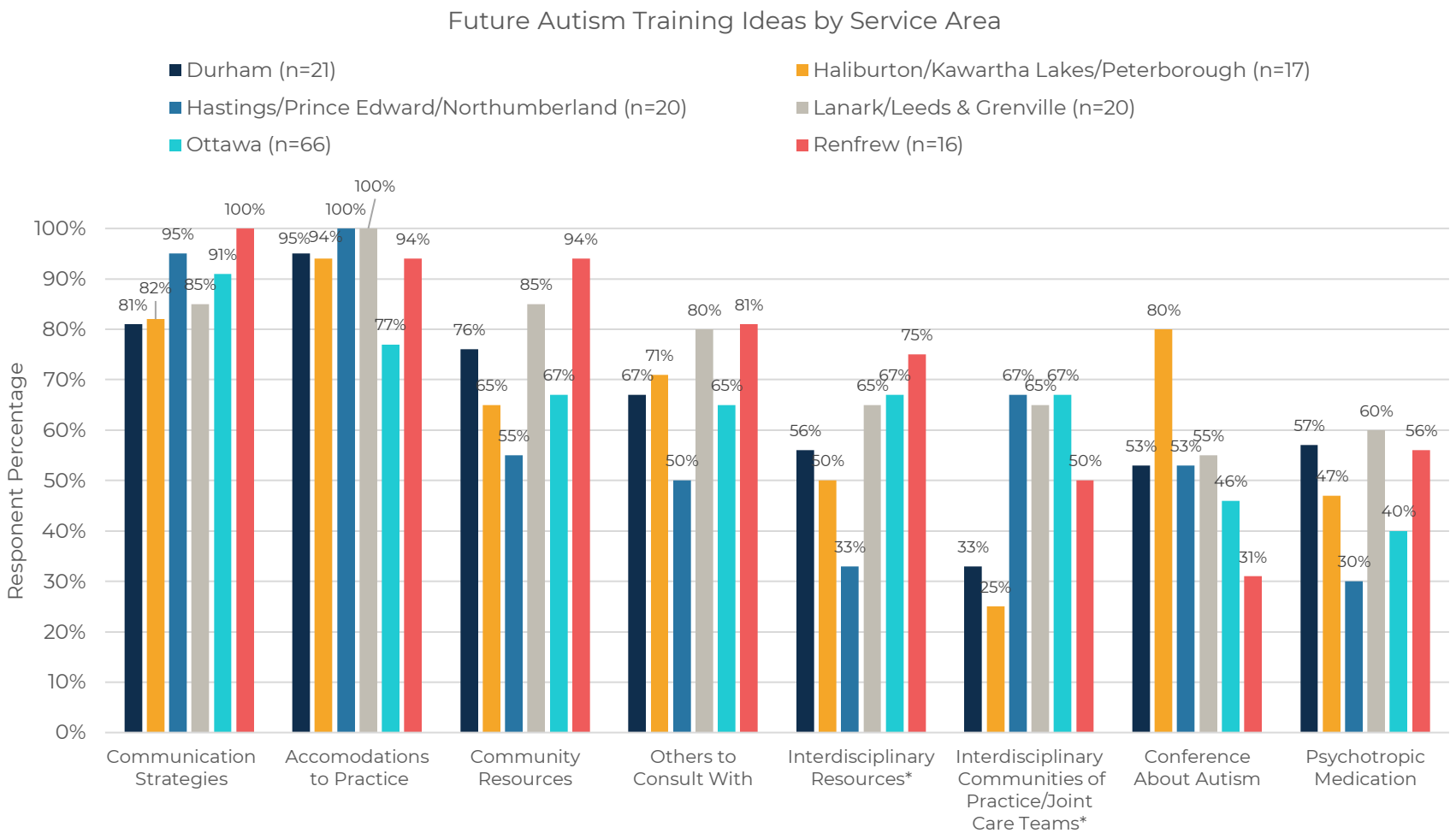


In terms of service providers' interest in additional training, similar patterns were found for the East Region and provincial samples. Most survey respondents indicated that they would *very likely* attend a training session related to mental health interventions for clients with autism (85%). For clients with autism, many respondents requested training surrounding mental health and autism (91%), effective communication strategies (90%), and more than half noted that it would be helpful to have information on community resources (70%), a network of other practitioners to consult with (66%), as well as interdisciplinary resources (58%) and communities of practice (55%). Further, approximately half of the sample indicated that they would want training to learn more about autism (47%) and psychotropic medication (44%).

East Region Service Areas

As shown in **Figure 17**, across all six service areas, communication strategies and accommodations to practice were selected by most respondents as their top two training topics when working with clients with autism. These patterns are similar to the provincial level results, where 90% of providers requested training on communication strategies and accommodation to practice. In Haliburton/Kawartha Lakes/Peterborough, many respondents endorsed an interest in learning about autism through a conference. In Renfrew and Lanark/Leeds & Grenville, many respondents requested community resources and other practitioners to consult with. In Durham, all training topics were rated by over 50% of respondents, except for interdisciplinary communities of practice (which was endorsed by 36% of service area respondents). In Ottawa and Hastings/Prince Edward/Northumberland, more than 50% of respondents requested community and interdisciplinary resources.

Figure 17: Percentage of Public Mental Health Providers Reporting an Interest in Future Autism Training by East Region Service Area (n = 160)



Note. *These two training response options were only provided to a subset of the sample during April-May 2021 collection (n = 85).
All other training interest options were provided to the full East region sample (n =160).

Central Region Results

About Central Region Respondents

There were 179 service providers (96% public; 4% private) from the Central Region (85% women). Respondents ranged in age from 24 to 68 years (*M* = 39, *SD* = 11). Most respondents identified as White (74%), were employed full-time (91%) and had a post-secondary education (94%), such as a bachelor's degree (30%) or a master's degree (46%). The majority of respondents were direct service providers (79%), while the rest were supervisors/coordinators (7%) or noted being both direct service providers and supervisors/coordinators (13%). The surveys were completed by social workers (50%), registered psychotherapists (19%), child and youth workers (18%), clinical psychologists (6%), registered nurses (2%), or those with other professional designations (5%).

Central Region Service Areas

There are 6 service areas in the Central Region. Service area data was available for 154 public service providers who completed the survey. As shown previously in **Table 2**, 5 of the 6 areas had a sufficient sample size to permit reporting on that service area on their own: Dufferin/Wellington (*n* = 18), Halton (*n* = 26), Peel (*n* = 42), Simcoe (*n* = 26), and York (*n* = 23). However, we did not have sufficient numbers to report on Waterloo. In total, 135 public service providers were examined at the service area level within the Central Region.

Survey Results from the Central Region

Common Mental Health Problems

Consistent with the provincial findings, the most common presenting problems for clients with ADHD and with autism in the Central Region were anxiety (88% and 84%, respectively), challenging behaviours (86% and 82%, respectively), and depression (42% and 35%, respectively).

Central Region Service Areas

As shown in **Figure 18.1** and **Figure 18.2,** across all 5 Central Region service areas, a consistent pattern emerged whereby respondents reported anxiety and challenging behaviours as the most common mental health concerns for clients with autism or with ADHD. Depression was reported as the third most common presenting problem for clients with ADHD, while OCD and depression were the third most common for clients with autism. Largely, the patterns of mental health problems noted at the service area level are consistent with those of the Provincial Report.

Figure 18.1: Percentage of Central Region Public Providers Reporting Common Presenting Problems for Clients with Autism by Service Area (*n* = 135)

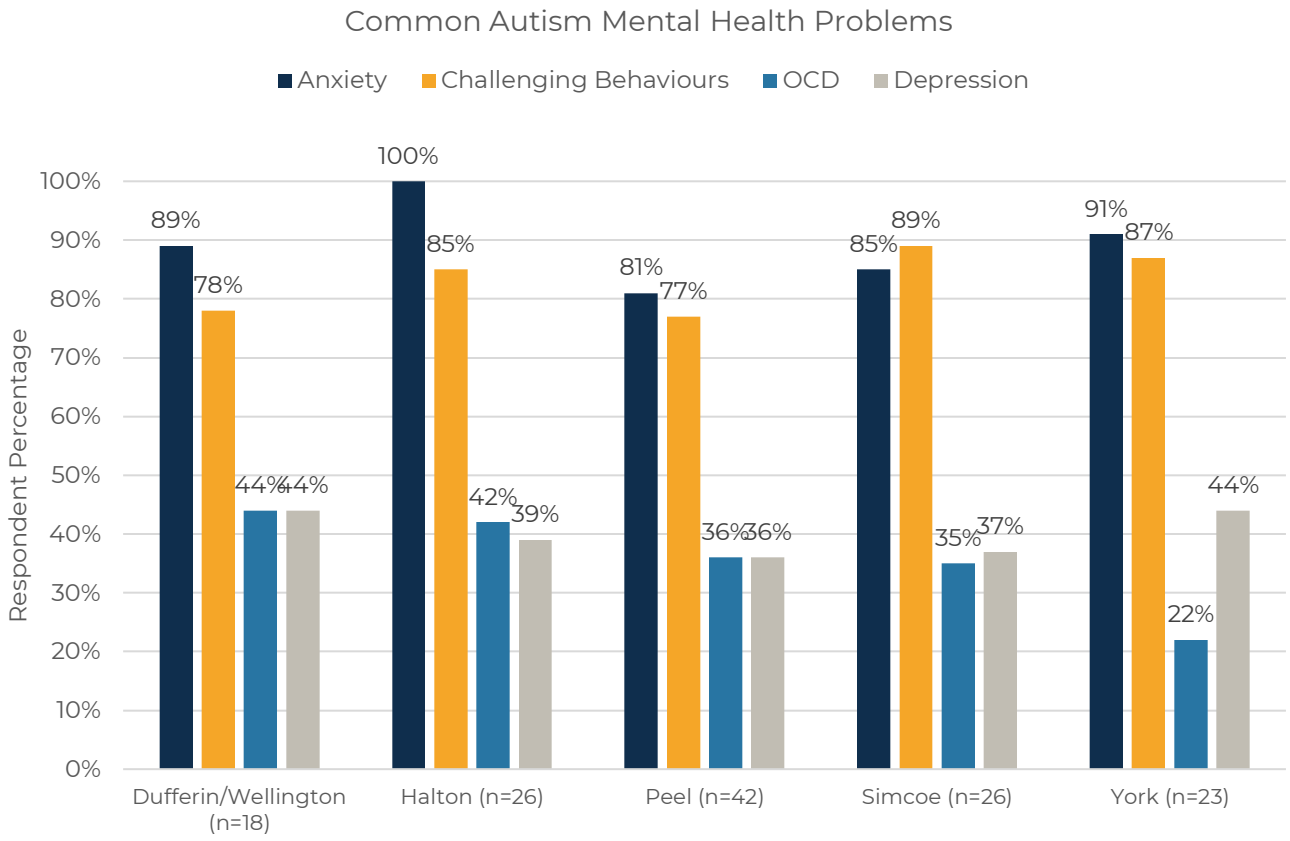
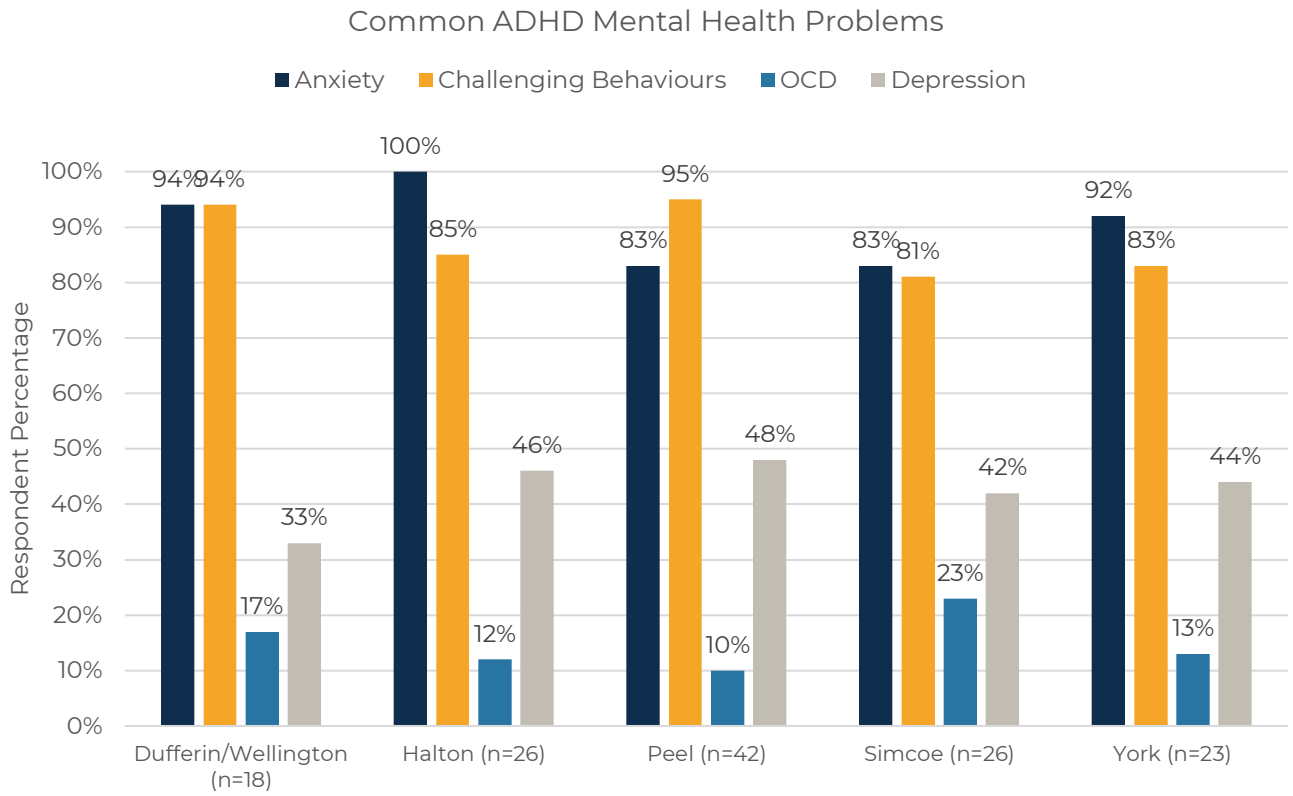


Figure 18.2: Percentage of Central Region Public Providers Reporting Common Presenting Problems for Clients ADHD by Service Area (*n* = 135)



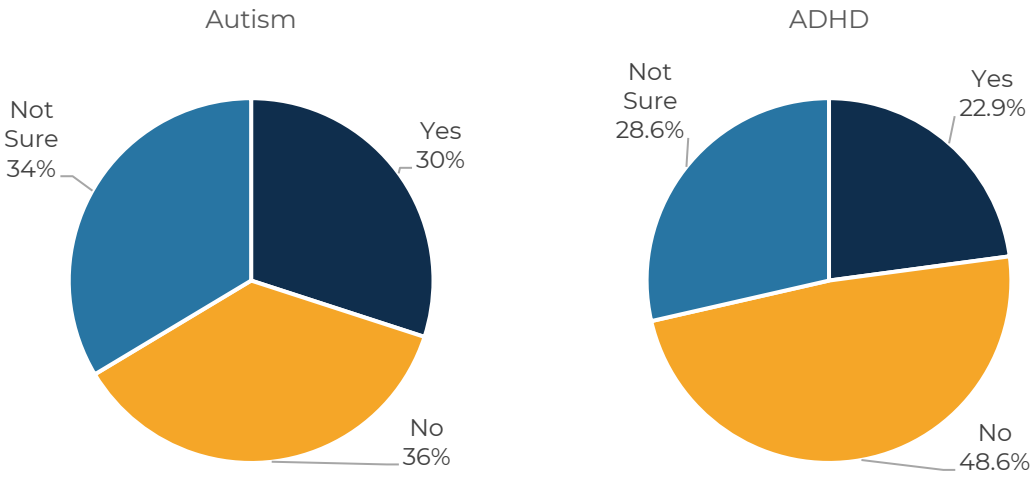
Common Treatment Approaches

Similar to the provincial findings, providers in the Central Region reported using a broad set of interventions with their clients with ADHD and with autism, with the top three being CBT (80% and 67%, respectively), Solution Focused Therapy (SFT; 55% and 39%, respectively) and Family Therapy (51% and 40%, respectively). Significantly fewer providers noted using all these interventions for clients with autism than for clients with ADHD. While treatment approaches were on average rated as *very helpful* for both groups, all of them were rated significantly more helpful for clients with ADHD (CBT: $M = 7.06$, $SD = 1.50$; SFT: $M = 6.95$, $SD = 1.41$; Family: $M = 7.59$, $SD = 1.44$) than for clients with autism (CBT: $M = 6.33$, $SD = 1.63$, $p < .001$; SFT: $M = 6.38$, $SD = 1.69$, $p < .01$; Family: $M = 7.09$, $SD = 1.59$, $p < .001$).

To further understand treatment policies, we asked the follow-up question below to a subset of the sample ($n = 140$; administered in April-May 2021). As shown in **Figure 19**, approximately 34% of respondents were *not sure* if their agency had established criteria (e.g., exclusionary criteria, practices, policies) for children with autism and 29% were *not sure* regarding ADHD. **Of those who were sure**, 32% reported established policies regarding ADHD and 45% noted policies regarding autism. This pattern is consistent with provincial-level results for public providers (49% reported no policies for ADHD and 36% noted no policies for autism).

Figure 19: Central Region Mental Health Organization Criteria for Children and Youth with Autism or with ADHD (*n* = 140)

"To your knowledge, does your agency have established criteria for providing mental health services to children with..."



Adaptations to Current Practice

Consistent with the provincial findings, Central Region respondents used similar types of adaptations to the therapy they provide to clients with autism and with ADHD. As shown in **Table 7**, the most common adaptation for both groups was *providing structure and predictability*. For clients with ADHD, the other most common adaptations were *capitalizing on clients' strengths* and *conducting shorter sessions.* For clients with autism, the other most common adaptations were *making use of special interests* and *making abstract concepts more concrete*. For a full list of adaptations, please see the Provincial Report.

Table 7. Percentage of Central Region Providers Reporting Common Adaptations to Psychotherapy for Clients with Autism and with ADHD (*n* = 178)

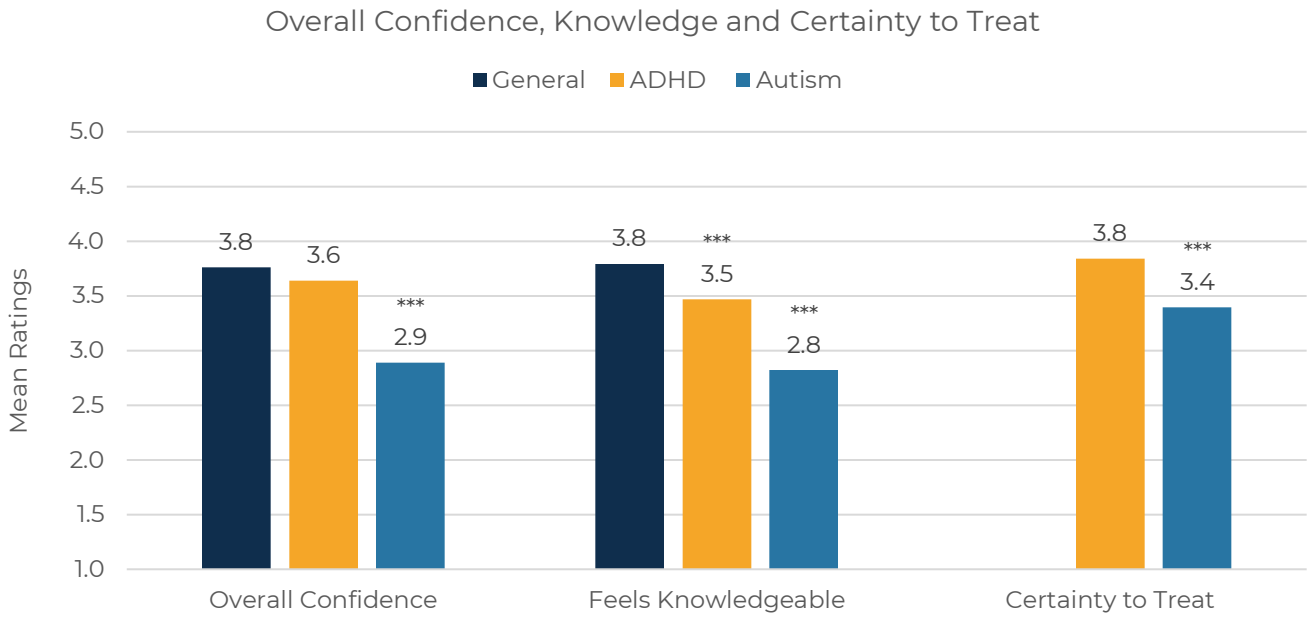
In the past, what adaptations have you made in psychotherapy with....	%
Clients with ADHD	
Provide structure and predictability (e.g., routines, transition activities)	87
Capitalize on strengths (e.g., intelligence and acquisition of new information	84
Length of sessions: Shorter	82
Clients with Autism	
Provide structure and predictability (e.g., routines, transition activities)	82
Make use of special interests (e.g., include individual interests as part of therapy)	79
Make abstract concepts more concrete	76

Confidence, Knowledge and Certainty to Treat

As shown in **Figure 20.1**, Central Region respondents reported feeling significantly less confident and less knowledgeable about providing psychotherapy to clients with autism compared to clients with ADHD, and to clients with mental health problems in general. However, providers also reported feeling significantly less knowledgeable about providing mental health support for children with ADHD compared to children in general. Further, they were less certain about providing psychotherapy to clients with autism compared to clients with ADHD[16]. As shown in **Figure 20.2**, only 2% of respondents felt *Not at All* or *Slightly* confident in psychotherapy to clients in general, compared to 9% for clients with ADHD and 28% for clients with autism. Over half of respondents noted that they were *Very Uncertain/Uncertain to Treat* clients with autism. This is similar to the provincial results.

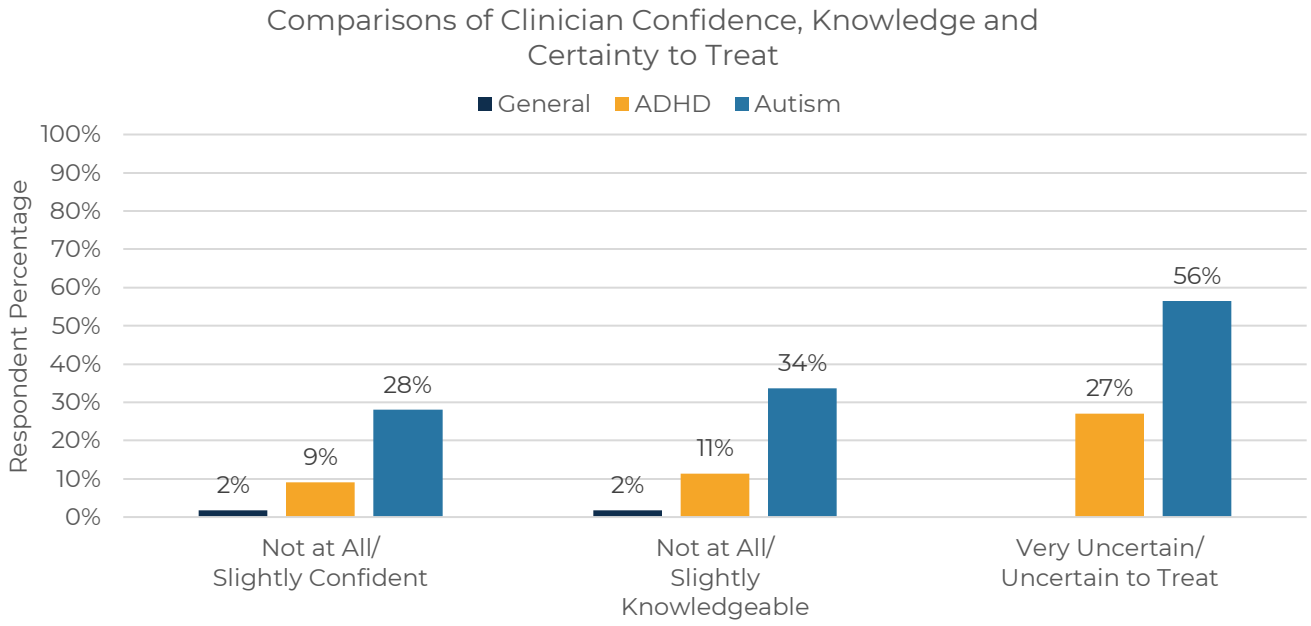
[16] We did not ask the certainty question about children in general.

Figure 20.1: Central Region Providers' Average Ratings of Confidence, Knowledge and Certainty to Treat (*n* = 178)



*** $p < .001$

Figure 20.2: Percentage of Central Region Providers' Reporting Low Confidence, Knowledge and Certainty to Treat Clients with Autism Compared to Clients with ADHD[17] (*n* = 178)



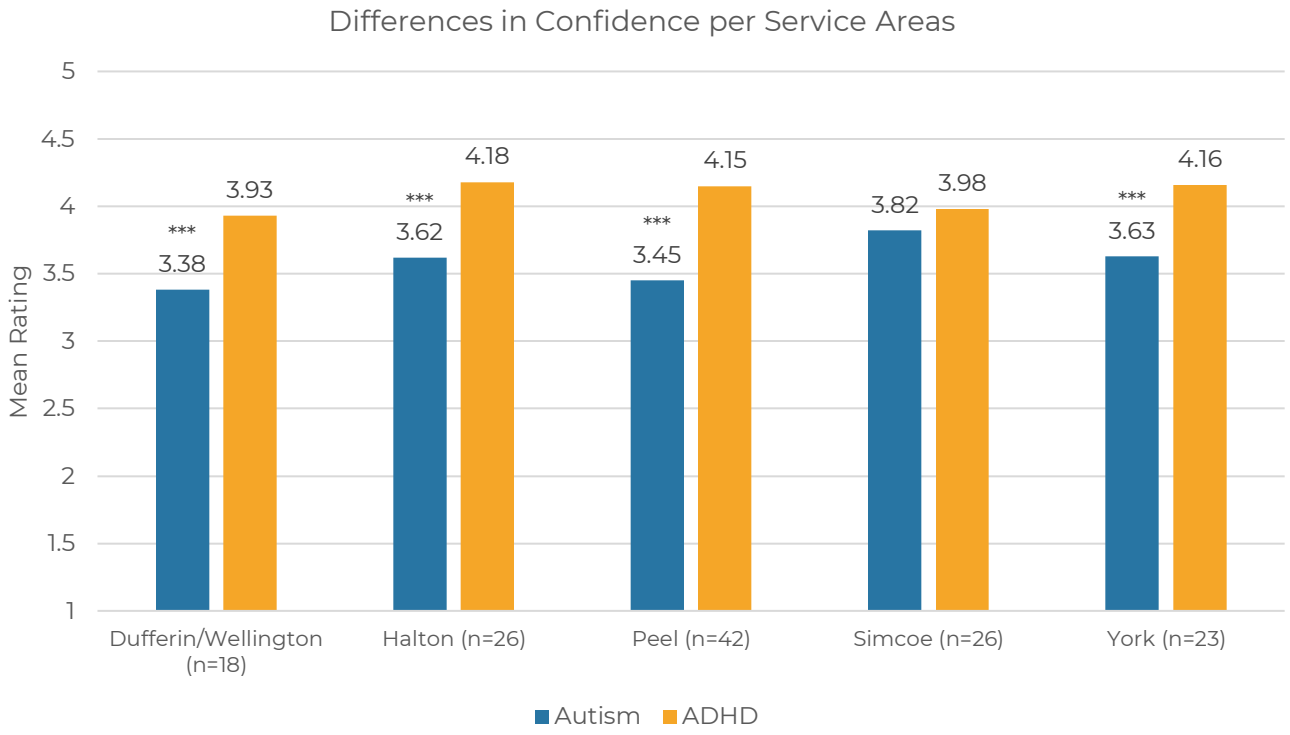
[17] We did not ask the certainty question about children in general.

Deeper Dive into Therapist Confidence

Central Region Service Areas

As shown in **Figure 21**, across all service areas except for one, respondents showed a similar pattern of significantly lower confidence in providing therapy for clients with autism compared to clients with ADHD. In the Simcoe service area, public providers did not report significantly lower confidence in treating clients with autism compared to clients with ADHD.

Figure 21: Average Confidence Ratings for Treating Clients with Autism Compared to Clients with ADHD by Central Region Service Areas (*n* = 135)



*** $p < .001$

A Deeper Dive into Mental Health Provider Knowledge of Psychotherapy Practice

As shown in **Tables 8.1**, Central Region service providers reported considerable knowledge about both ADHD and autism, but even here, they reported significantly greater knowledge about ADHD, similar to provincial results. The greatest areas of gaps in autism knowledge occurred in providing psychotherapy, delivering treatment, developing treatment plans, and identifying progress for clients with autism. Across each knowledge item, fewer respondents noted similar gaps in knowledge with regard to ADHD.

Table 8.1. Central Region Providers' Self-Rated Knowledge for Treating Clients with Autism and ADHD (*n* = 178)

Knowledge Rating (% Not at All/Slightly Knowledgeable)	Autism	ADHD
Providing psychotherapy	**34**	11
Core symptoms	19	4
Co-occurring problems	24	8
Impacts on behaviour	17	5
Treatment planning	**33**	10
Delivering treatment	**34**	10
Identifying progress	**33**	7

Central Region Service Areas

As shown in **Table 8.2**, across all service areas except for Simcoe, providers were more likely to indicate low levels of knowledge regarding providing psychotherapy, identifying progress for clients, treatment planning, co-occurring problems and delivering treatment to clients with autism compared to clients with ADHD. Overall, these results are consistent with patterns in the Provincial Report. For the Simcoe service area however, there were fairly low levels of gaps for both knowledge of the impacts of ADHD and autism on behaviour, core symptoms, co-occurring problems, treatment planning and treatment delivery.

Table 8.2 Central Region Service Area Providers' Self-Rated Knowledge for Treating Clients with Autism and ADHD (*n* = 135)

Knowledge Rating (% *Not at All/Slightly Knowledgeable*)

	Dufferin/ Wellington (*n* = 18)	Halton (*n* = 26)	Peel (*n* = 42)	Simcoe (*n* = 26)	York (*n* = 23)
Providing psychotherapy					
Autism	39	46	41	12	32
ADHD	11	12	10	15	9
Impacts on behaviour					
Autism	17	31	26	0	13
ADHD	11	4	7	0	0
Identifying progress					
Autism	33	46	43	8	30
ADHD	17	15	7	4	4
Core symptoms					
Autism	22	35	29	4	9
ADHD	17	0	5	4	0
Treatment planning					
Autism	28	46	38	8	35
ADHD	17	19	7	12	4
Co-occurring problems					
Autism	22	35	36	12	17
ADHD	17	4	10	12	4
Delivering treatment					
Autism	33	54	43	8	35
ADHD	17	19	7	12	4

Intention to provide psychotherapy

As shown in **Figures 22.1** and **22.2**, Central Region providers' intentions to provide psychotherapy to children with autism had a very different profile compared to those with ADHD. Specifically, 75% of providers noted that they were *quite* or *extremely likely* to provide psychotherapy to clients with ADHD if it were up to them, while only 44% endorsed a similar level of likelihood for clients with autism. Conversely, only 9% and 28% reported that they would be *unlikely* to provide psychotherapy to clients with ADHD and clients with autism, respectively. Overall, this pattern is similar to the provincial results.

Figure 22.1: Central Region Providers' Intentions to Provide Psychotherapy to Clients with ADHD (*n* = 178)

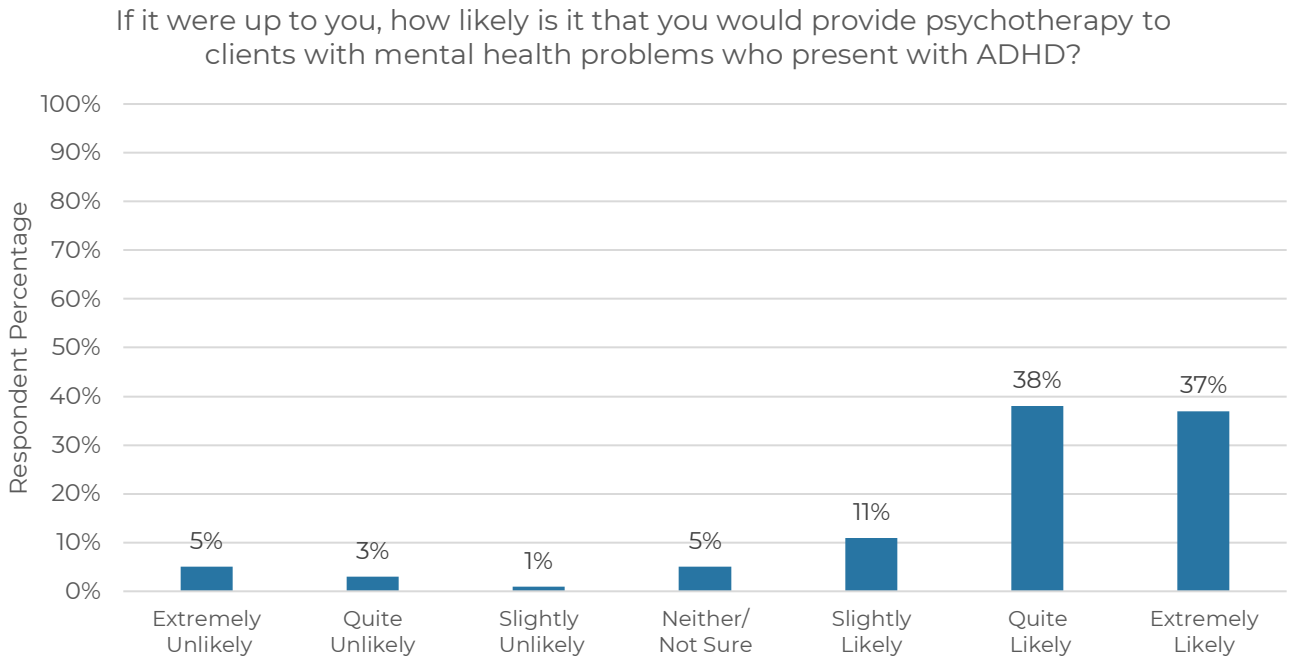
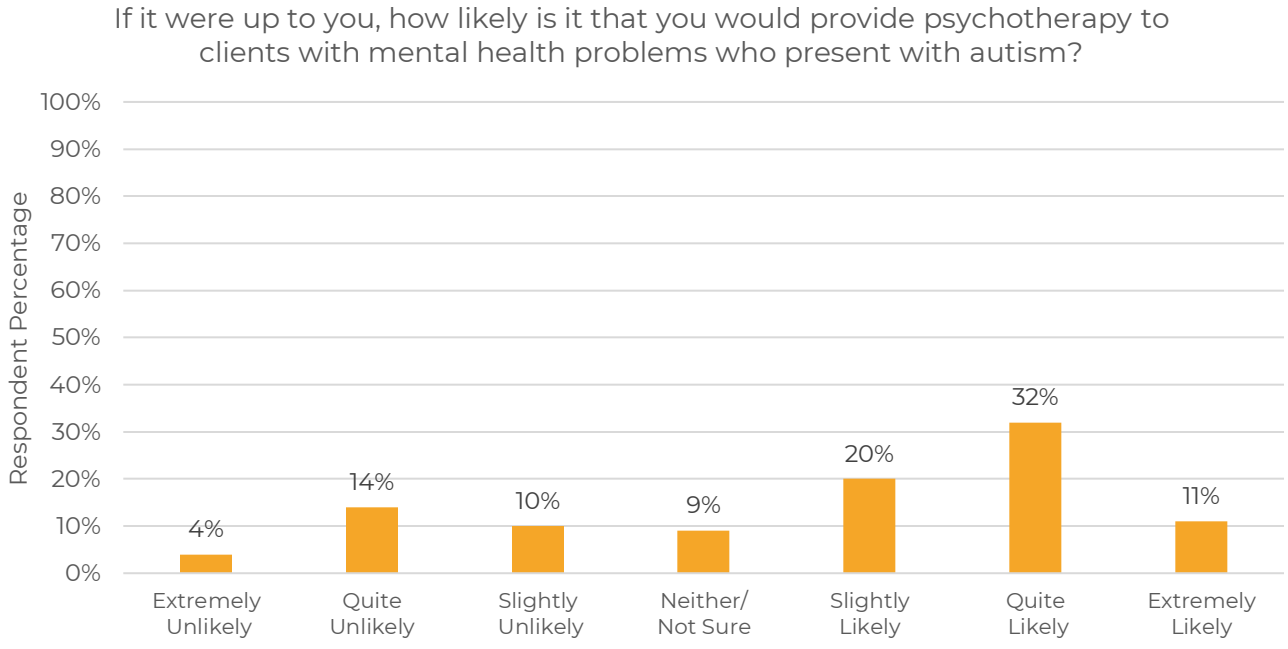


Figure 22.2: Central Region Providers' Intentions to Provide Psychotherapy to Clients with Autism (*n* = 177)



Mental Health Agency Barriers

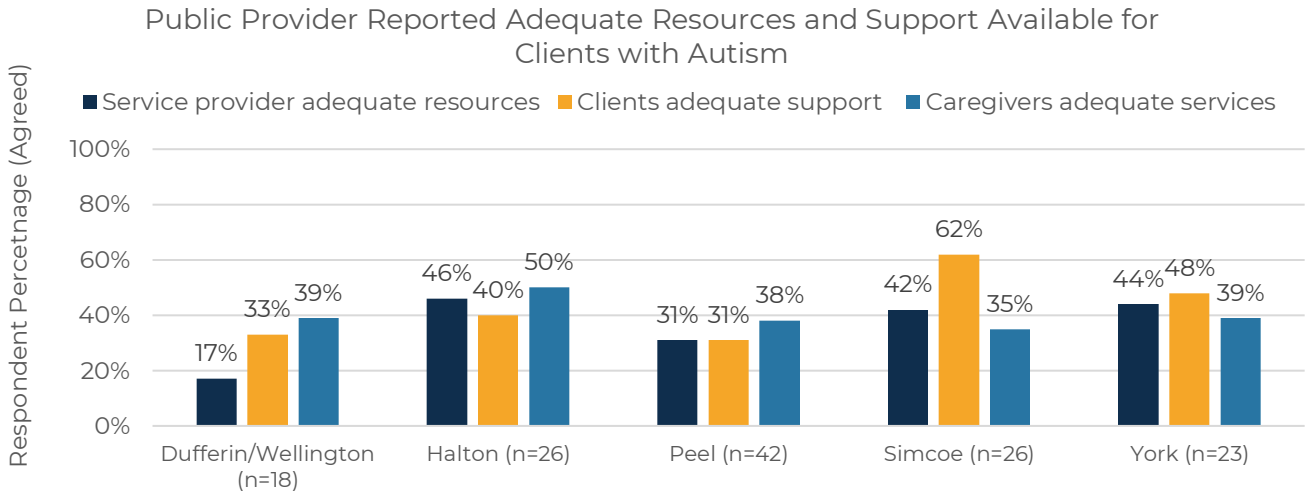
Less than half of the Central Region respondents (43%) reported at least one perceived barrier within their organization when accessing services for families of children with autism. In responses regarding their clinical practice:

- 39% of clinicians agreed to having adequate tools/referral resources/practice models to accommodate their clients with autism, which is higher than the proportion of provincial public (27%) and private (22%) providers that agreed with this statement.
- 40% of clinicians agreed that their clients with autism have adequate support to effectively partner with them, which is also higher than the proportion of provincial public (32%) and private (37%) providers that agreed with this statement.
- 38% of clinicians agreed that the caregivers of their clients with autism had sufficient services and support to effectively partner with them, which is also higher than the proportion of provincial public (29%) and private (20%) providers that agreed with this statement.

Central Region Service Areas

As shown in **Figure 23**, across all service areas except for Simcoe, approximately less than half of public providers agreed that they had adequate tools/resources to accommodate clients with autism in their practice, that their clients with autism have adequate support to partner effectively, and that caregivers of their clients with autism have sufficient services for effective partnership. In fact, in Dufferin/Wellington, only 17% of respondents indicated that they have adequate resources and tools available to accommodate clients with autism in their clinical practice. In contrast, in the Simcoe service area, 62% of respondents agreed that caregivers of their clients with autism have sufficient services and support available.

Figure 23: Adequate Resources, Support and Services Available for Treating Clients with Autism Based on Central Region Service Areas (*n* = 135)



Training Needs and Ideas

About half of the Central Region respondents had formal training in working with clients with autism (48%) and clients with ADHD (47%). As shown in **Figure 24.1** and **Figure 24.2**, a similar pattern emerged for ADHD and autism in terms of the hours of training received by providers.

Figure 24.1: Central Region Service Providers' Hours of Training in Working with Clients with ADHD (*n* = 94)

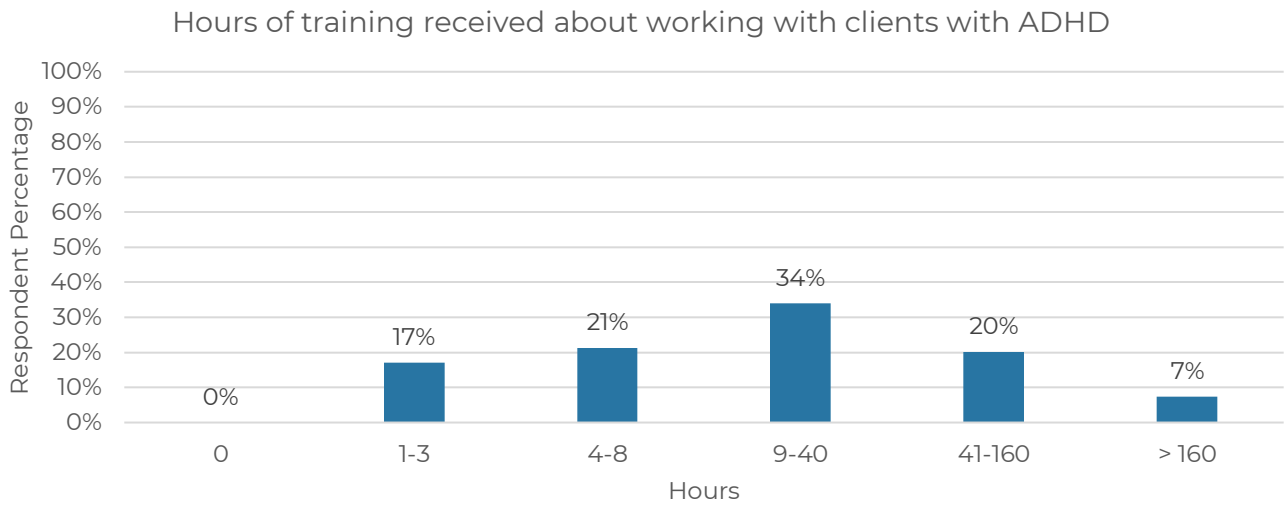
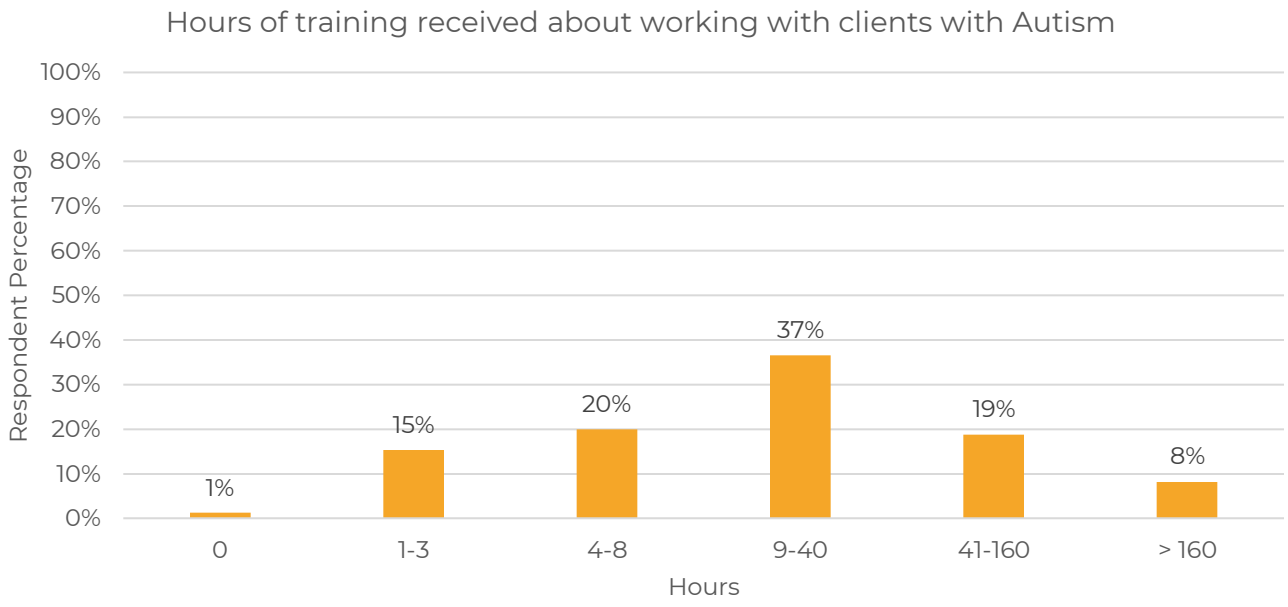


Figure 24.2: Central Region Service Providers' Hours of Training in Working with Clients with Autism (*n* = 85)

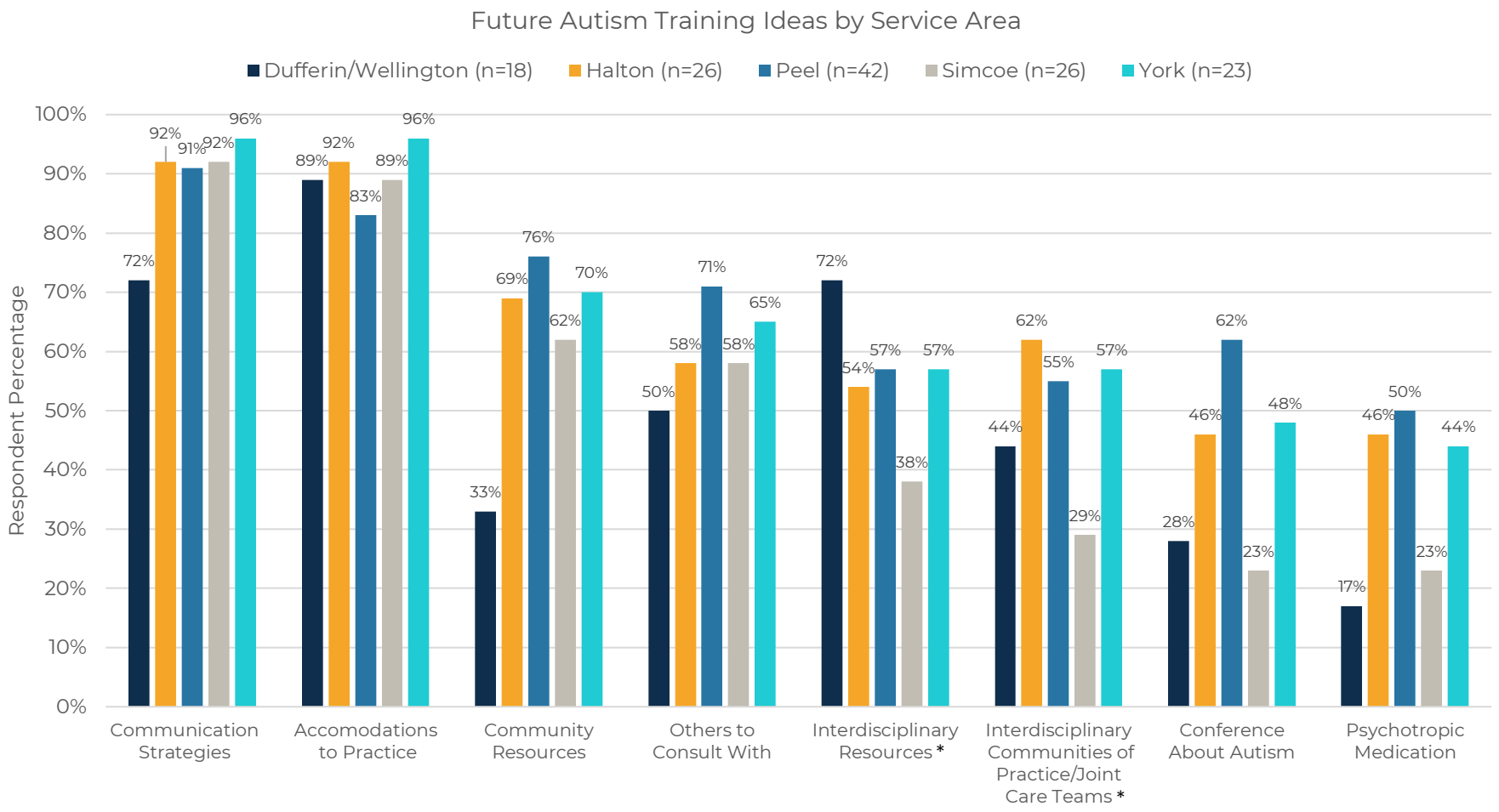


In terms of providers' interests in additional training, a similar pattern was found for the Central Region and provincial samples. Most survey respondents indicated that they would be *very likely* to attend a training session related to mental health interventions for clients with autism (84%). For clients with autism, many respondents requested training and reported resource needs surrounding mental health and autism (89%) and effective communication strategies (89%). More than half noted that it would be helpful to have information on community resources (64%), a network of other practitioners to consult with (62%), interdisciplinary resources (56%), and access to interdisciplinary communities of practice or joint care (51%). Further, approximately half of the sample indicated that they would want training to learn more about autism (47%).

Central Region Service Areas

As shown in **Figure 25**, across all five service areas, communication strategies and accommodations to practice were selected by most respondents as their top training topics when working with children and adolescents with autism. These patterns are similar to the provincial level results, where 90% of providers requested training on communication strategies and accommodation to practice. Another common training need was a network of other practitioners to consult with, as this was requested by at least 50% of respondents across all service areas. In Dufferin/Wellington, interdisciplinary resources were also requested by most respondents. In Peel, most respondents were also interested in community resources and conferences about autism.

Figure 25: Percentage of Central Region Public Mental Health Providers Reporting an Interest in Future Autism Training by Service Area (*n* = 135)



Note. *These two training response options were only provided to a subset of the sample during the April-May 2021 collection (n= 114).
All other training interest options were provided to the full Central region sample (n=135).

Toronto Region Results

About Toronto Region Respondents

The Toronto Region included 48 service providers (81% public; 19% private) of which 83% were women. The sample ranged from 27 to 75 years of age (*M* = 40, *SD* = 12). The majority of survey participants identified as White (46%), Black (13%), or Chinese (10%). They were employed full-time (96%) and had a post-secondary education (96%), including the majority having a master's degree (81%). Toronto Region respondents included direct service providers (83%), supervisors/coordinators (6%), and some who noted being both direct service providers and supervisors/coordinators (8%). The surveys were completed by social workers (69%), registered psychotherapists (19%), child and youth workers (6%), registered nurses (2%), or those with other professional designations (4%).

Toronto Service Area

Toronto Region includes only one service area, and therefore, does not have a service-area level of analysis that is included in the other sections/regional analyses.

Survey Results from Toronto Region

Common Mental Health Problems

Consistent with the provincial-level results, the most common presenting problems for both clients with ADHD and with autism in the Toronto Region were anxiety (85% for both clients), challenging behaviours (71% for both) and depression (56% for clients with ADHD and 46% for clients with autism).

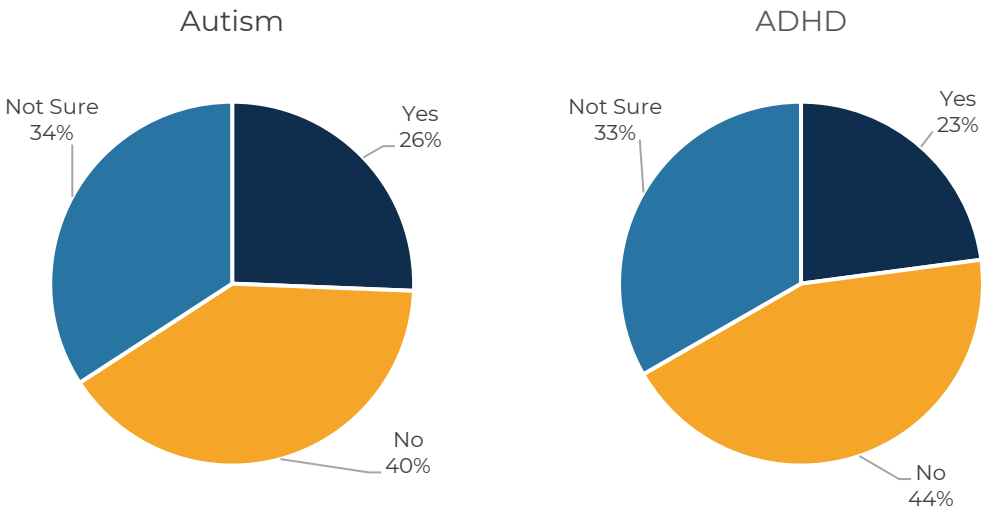
Common Treatment Approaches

Similar to the provincial findings, providers in the Toronto Region reported using a broad set of interventions with their clients with ADHD and with autism, with the top three being CBT (88% and 68%, respectively), Solution Focused Therapy (SFT; 71% and 64%, respectively) and Family Therapy (69% and 60%, respectively). Significantly fewer providers noted using CBT for clients with autism than for clients with ADHD. While these treatment approaches were, on average, rated as *very helpful* for both groups, CBT and SFT were as rated as significantly more helpful for clients with ADHD (CBT: $M = 7.42$, $SD = 1.59$; SFT: $M = 7.47$, $SD = 1.58$) than for clients with autism ($M = 7.09$, $SD = 1.59$, $p = .04$; SFT: $M = 6.63$, $SD = 2.14$, $p < .001$). Family Therapy was rated as equally helpful for clients with autism ($M = 8.54$, $SD = 1.20$) and clients with ADHD ($M = 8.52$, $SD = 1.18$).

As shown in **Figure 26**, approximately 34% of respondents were *not sure* if their agency had established criteria (e.g., exclusionary criteria, practices, policies) for children with autism and 33% were *not sure* regarding ADHD. **Of those who were sure**, 34% indicated that there were policies in place regarding ADHD, and 39% noted policies regarding autism.

Figure 26: Toronto Region Mental Health Organization Criteria for Children and Youth with Autism or with ADHD (*n* = 48)

"To your knowledge, does your agency have established criteria for providing mental health services to children with…"



Adaptations to Current Practice

Consistent with the provincial findings, Toronto Region respondents used similar kinds of psychotherapy adaptations for their clients with ADHD and their clients with autism. As shown in **Table 9**, the most common adaptations for both groups included *providing structure and predictability* and *making abstract concepts more concrete*. For clients with ADHD, providers also reported *capitalizing on clients' strengths* during sessions and for clients with autism, providers reported *making use of special interests*. For a full list of adaptations, please see the Provincial Report.

Table 9. Percentage of Toronto Region Providers Reporting Common Adaptations to Psychotherapy for Clients with Autism and with ADHD (*n* = 48)

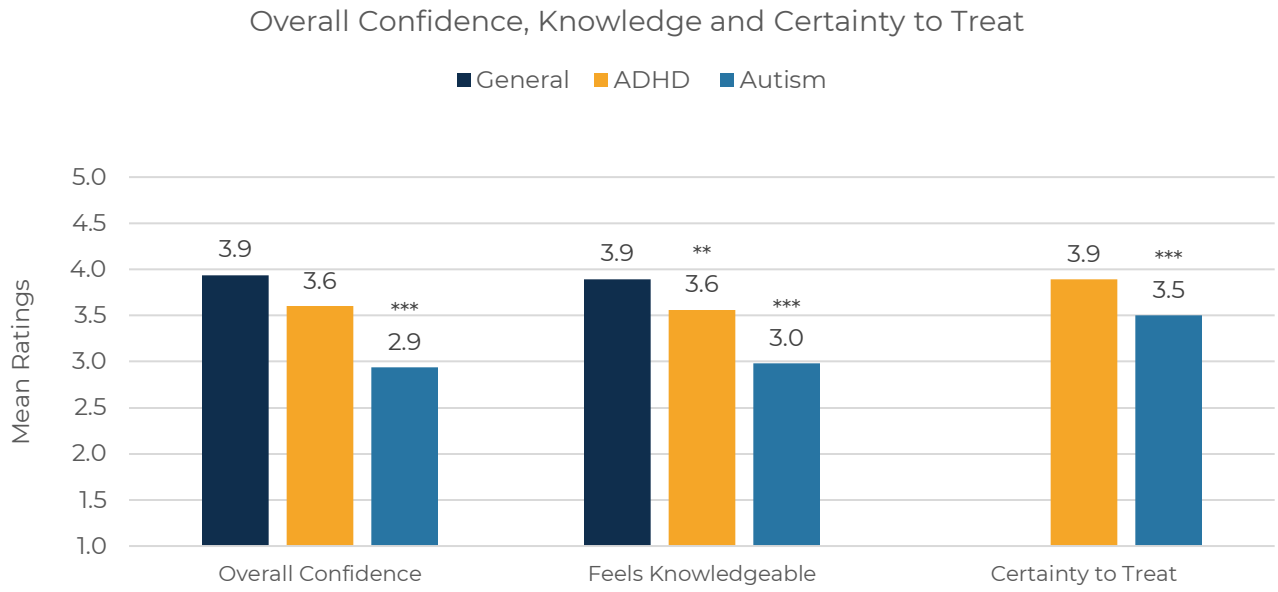
In the past, what adaptations have you made in psychotherapy with….	**%**
Clients with ADHD	
Provide structure and predictability (e.g., routines, transition activities)	85
Capitalize on strengths (e.g., intelligence and acquisition of new information	85
Make abstract concepts more concrete	77
Clients with Autism	
Make abstract concepts for concrete	81
Provide structure and predictability (e.g., routines, transition activities)	73
Make use of special interests (e.g., include individual interests as part of therapy)	69

Confidence, Knowledge and Certainty to Treat

As shown in **Figure 27.1**, Toronto Region respondents reported feeling significantly less confident and less knowledgeable in providing psychotherapy to clients with autism compared to clients with ADHD, and to clients with mental health problems in general; this is similar to the provincial results. However, they also felt less knowledgeable in providing psychotherapy to clients with ADHD, compared to clients with mental health problems in general. Further, respondents reported feeling less certain about treating clients with autism with psychotherapy, compared to clients with ADHD[18]. Notably, as shown in **Figure 27.2**, 6% of respondents felt *Not at All* or *Slightly* confident in providing psychotherapy to clients with ADHD, while 38% of respondents felt this way for clients with autism; none of the providers reported feeling this way for clients with mental health problems in general. A similar pattern emerged in terms of providers' knowledge of, and certainty to treat, clients with autism relative to clients with ADHD and clients in general.

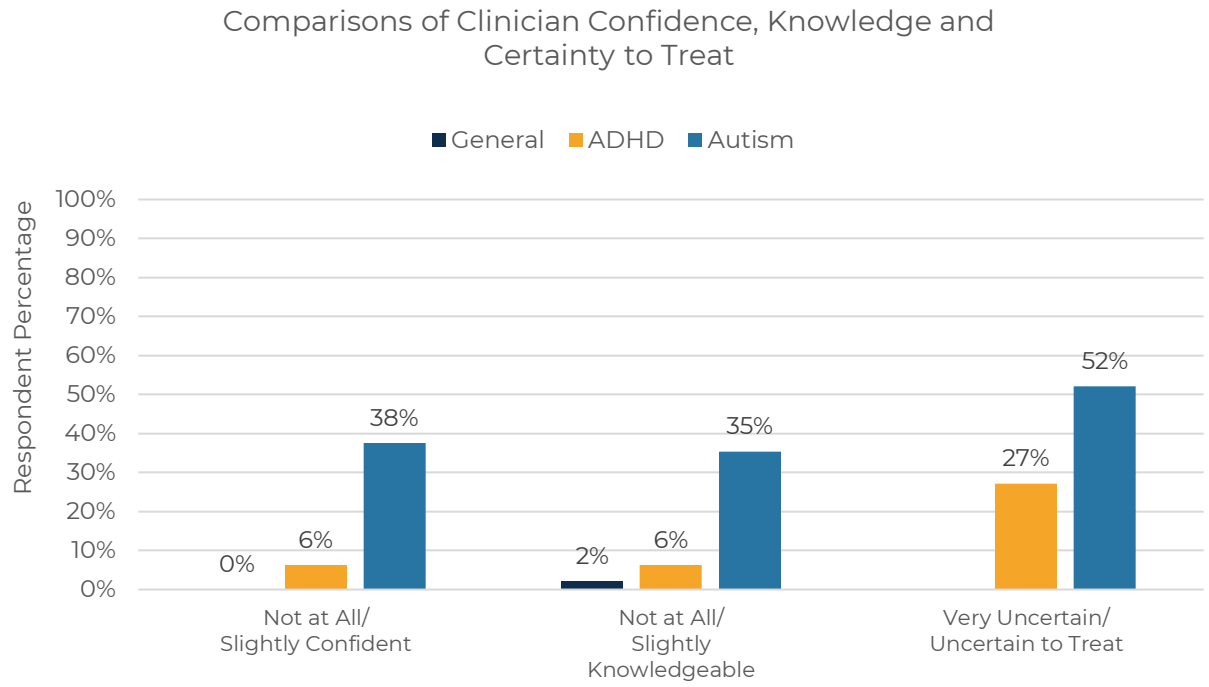
[18] We did not ask the certainty question about children in general.

Figure 27.1: Toronto Region Providers' Average Ratings of Confidence, Knowledge and Certainty to Treat (*n* = 48)



*** p < .001; ** p < .05

Figure 27.2: Percentage of Toronto Region Providers Reporting Low Confidence, Knowledge and Certainty to Treat Clients with Autism and Clients with ADHD (n = 48)



Deeper Dive into Therapist Confidence

Consistent with the provincial findings, on average, therapists were confident in delivering psychotherapy to both clients with autism and with ADHD, though they had significantly lower confidence for clients with autism (*M* = 3.68, *SD* = .92) compared to clients with ADHD (*M* = 4.17, *SD* = .70; *p* < .001).

A Deeper Dive into Mental Health Provider Knowledge of Psychotherapy Practice

As shown in **Table 10**, Toronto Region respondents reported considerably less knowledge about treating autism compared to ADHD, similar to provincial results. The greatest gaps in autism knowledge occurred in identifying core symptoms, the impact of autism on behaviour, developing treatment plans, delivering treatment, and identifying progress for clients with autism.

Table 10. Toronto Region Providers' Self-Rated Knowledge for Treating Clients with autism and ADHD (*n* = 48)

Knowledge Rating (% Not at All/Slightly Knowledgeable)	Autism	ADHD
Providing psychotherapy	35	6
Core symptoms	**54**	2
Co-occurring problems	38	6
Impacts on behaviour	**50**	4
Treatment planning	**44**	13
Delivering treatment	**44**	13
Identifying progress	35	15

Intention to provide psychotherapy

As shown in **Figure 28.1** and **Figure 28.2,** Toronto Region providers' intentions to provide psychotherapy to children with autism had a very different profile compared to those with ADHD. Specifically, 73% of providers noted that they were *quite* or *extremely likely* to provide psychotherapy to clients with ADHD if it were up to them, while only 35% endorsed a similar level of likelihood when asked about clients with autism. In contrast, only 15% and 29% reported that they would be *unlikely* to provide psychotherapy to clients with ADHD and clients with autism, respectively. Overall, this pattern is similar to provincial results.

Figure 28.1: Toronto Region Providers' Intentions to Provide Psychotherapy to Clients with ADHD (*n* = 48)

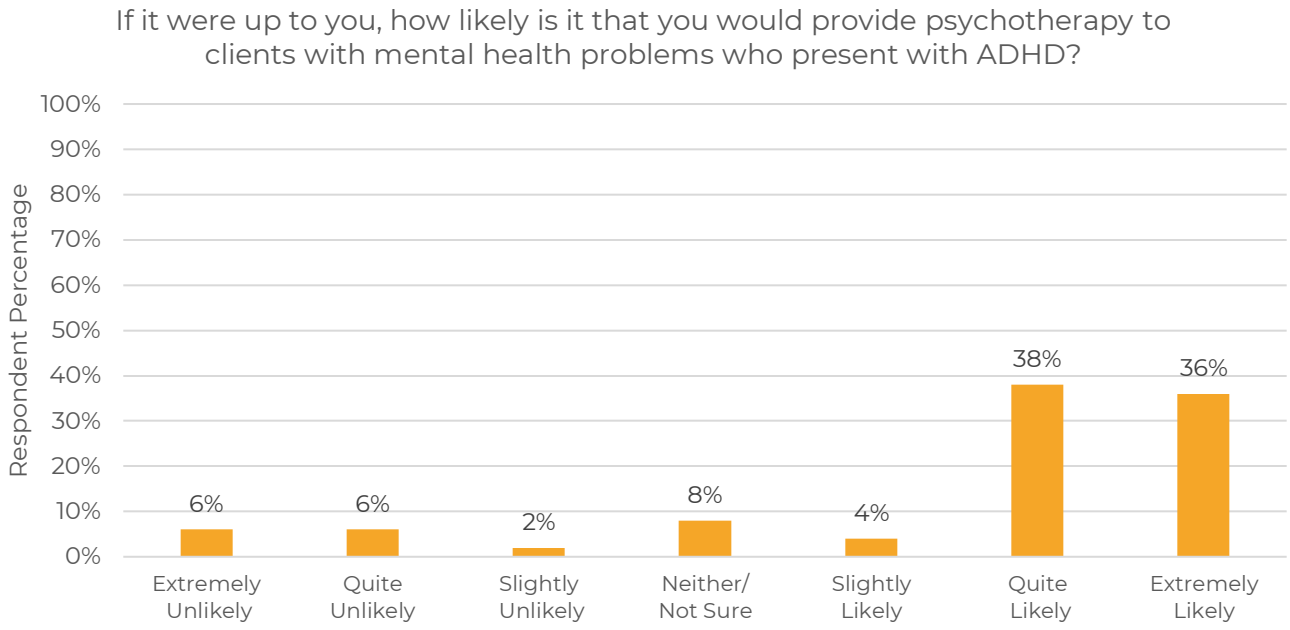
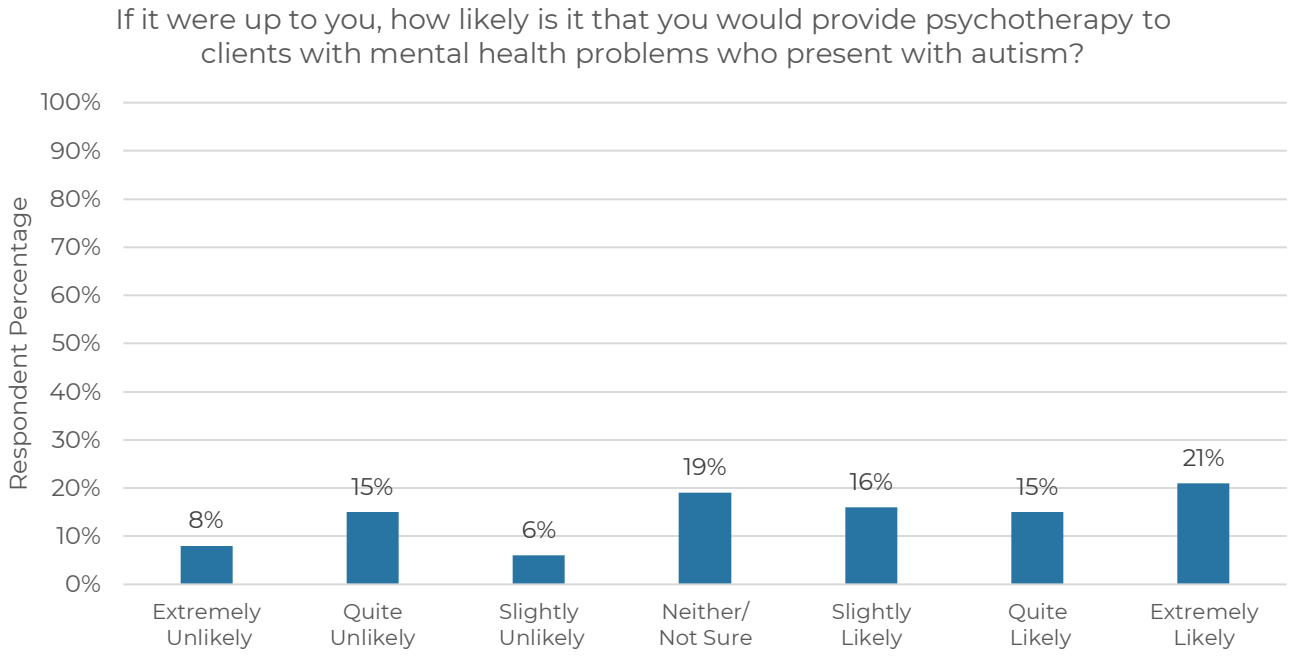


Figure 28.2: Toronto Region Providers' Intentions to Provide Psychotherapy to Clients with Autism (*n* = 48)



Mental Health Agency Barriers

In contrast to the public (72%) and private (63%) provincial level-results, less than half of the Toronto Region respondents (46%) reported at least one perceived barrier within their organization when accessing services for families of children with autism. In their clinical practice:

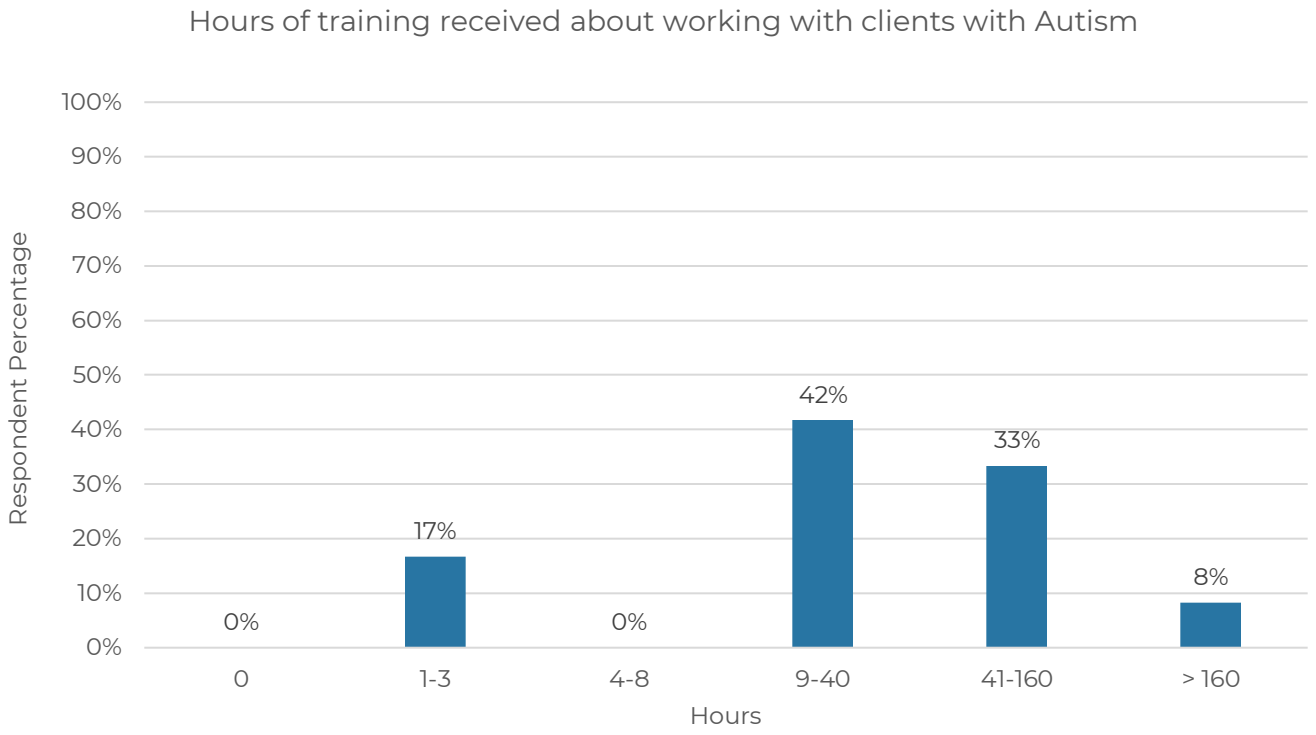
- 38% of the service providers agreed that they have adequate tools to support and accommodate their clients with autism, which is higher than the proportion of provincial public (27%) and private (22%) providers that agreed with this statement.
- 42% of service providers *agreed* that their clients with autism have adequate support to effectively partner with them, which is higher than the proportion of provincial public (32%) and private (37%) providers that agreed with this statement.
- 32% of service providers *agreed* that the caregivers of their clients with autism have sufficient services and support to effectively partner with them, which is higher than the proportion of provincial public (29%) and private (20%) providers that agreed with this statement.

Training Needs and Ideas

About half of Toronto Region respondents reported that they have formal training on working with clients with autism (51%) and with ADHD (56%). As shown in **Figures 29.1** and **29.2**, respondents reported slightly fewer training hours for ADHD compared to autism.

Figure 29.1 Percentage of Toronto Region Service Providers' Hours of Training in Working with Clients with ADHD (*n* = 27)

Figure 29.2 Toronto Region Service Providers' Hours of Training in Working with Clients with Autism (*n* = 24)



Similar to the provincial results, most survey respondents reported that they would be *very likely* to attend a training session related to mental health interventions for clients with autism (85%). For clients with autism, most respondents requested training and reported resource needs surrounding effective communication strategies (88%), mental health and autism (85%), and community resources for clients (85%). More than half also noted that it would be helpful to have a network of other practitioners to consult with (71%), and approximately half indicated that they want to learn more about interdisciplinary resources (56%) and gain access to communities of practice or joint care (46%). Others reported wanted to learn more about autism (33%) and psychotropic medication (35%).

West Region Results

About West Region Respondents

The West Region included 117 service providers (92% public; 8% private; 83% women), between 23 and 79 years of age (M = 43, SD = 12). Most survey participants identified as White (89%), were employed full-time (84%) and had a post-secondary education (94%), such as a bachelor's degree (24%) or a master's degree (44%). West Region respondents included direct service providers (77%), supervisors/coordinators (14%), and some who noted being both direct service providers and supervisors/coordinators (10%). The surveys were completed by social workers (40%), child and youth workers (31%), registered psychotherapists (14%), clinical psychologists (5%) social service workers (2%), or those with other professional designations (8%).

West Region Service Areas

There are 11 service areas in the West Region. Service area data was available for 107 public service providers who completed the survey. As shown in **Table 2**, three service areas had a sufficient sample size to permit reporting on the service area on their own: Essex (n = 23), Huron/Perth (n = 19), and Middlesex (n = 24). Further, to have a sufficient sample to report on some service area level results, we combined the Haldimand-Norfolk service area (n = 14) with the Niagara service area (n = 1). We did not have a sufficient sample to report on the following service areas: Brantford-Brant, Chatham-Kent, Grey/Bruce, Lambton, Elgin/Oxford, and Hamilton. In total, 81 public service providers were examined at the Service Area Level within the West Region and the results are reported for **four service areas**.

Note: For the purposes of this work, the combining of service areas was determined solely by geographic proximity. We only combined service areas if areas were next to each other and if the combination led to having a sample size of greater than 15, for reporting purposes.

Survey Results from West Region

Common Mental Health Problems

Consistent with the provincial findings, the two most common presenting problems for clients with ADHD and with autism in the West Region were anxiety (86% and 83% respectively), and challenging behaviours (83% and 84%, respectively). For clients with ADHD, depression was the third most common presenting problem (41%), consistent with the Provincial Report; however, for clients with autism, OCD was the third most common presenting problem (37%).

West Region Service Areas

As shown in **Figure 30.1** and **Figure 30.2,** across all four service areas, a consistent pattern of common mental health concerns was observed for clients with ADHD and clients with autism. Patterns for each service area reflected the same pattern as for the entire region, except for a slight difference in Haldimand-Norfolk/Niagara area, where OCD and depression were equally reported as the third most common mental health problems for clients with autism.

Figure 30.1: Percentage of West Region Providers Reporting Common Presenting Problems for Clients with Autism by Service Area (n = 81)

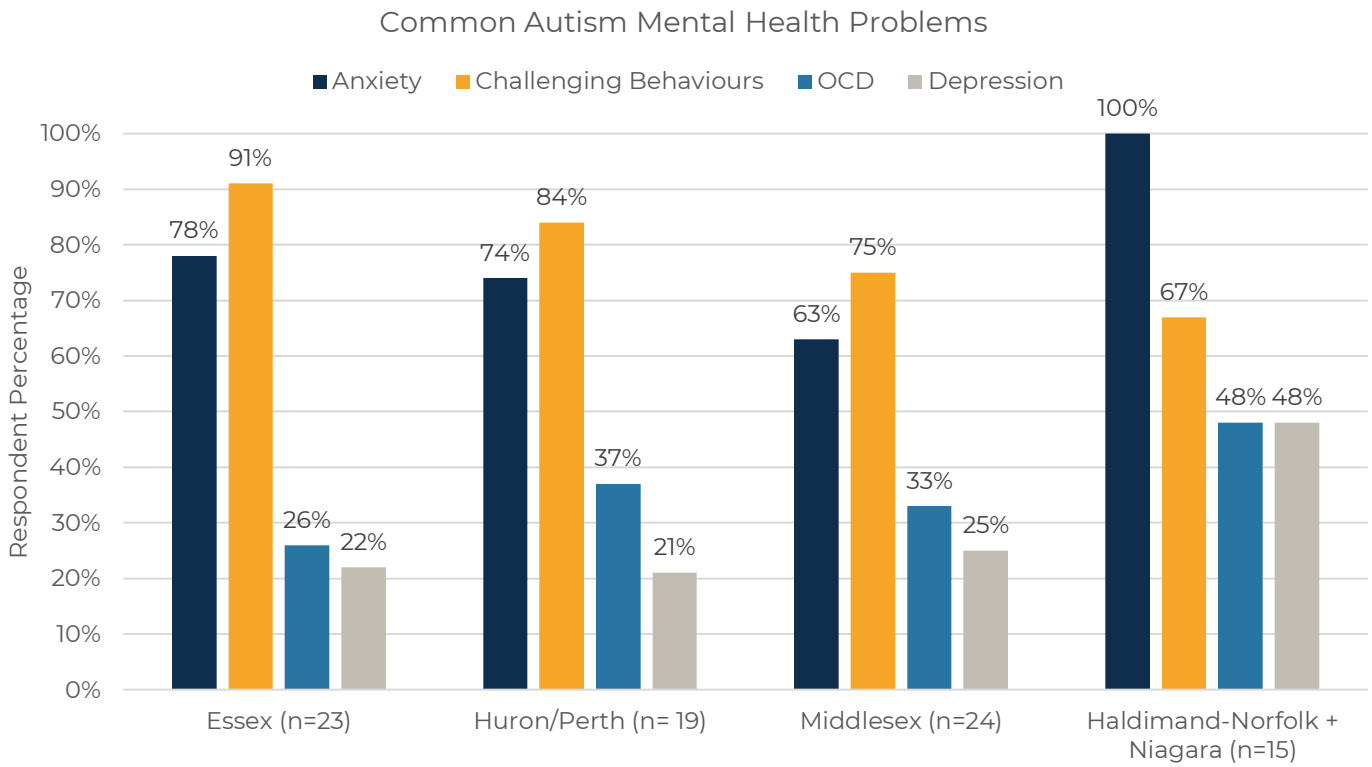
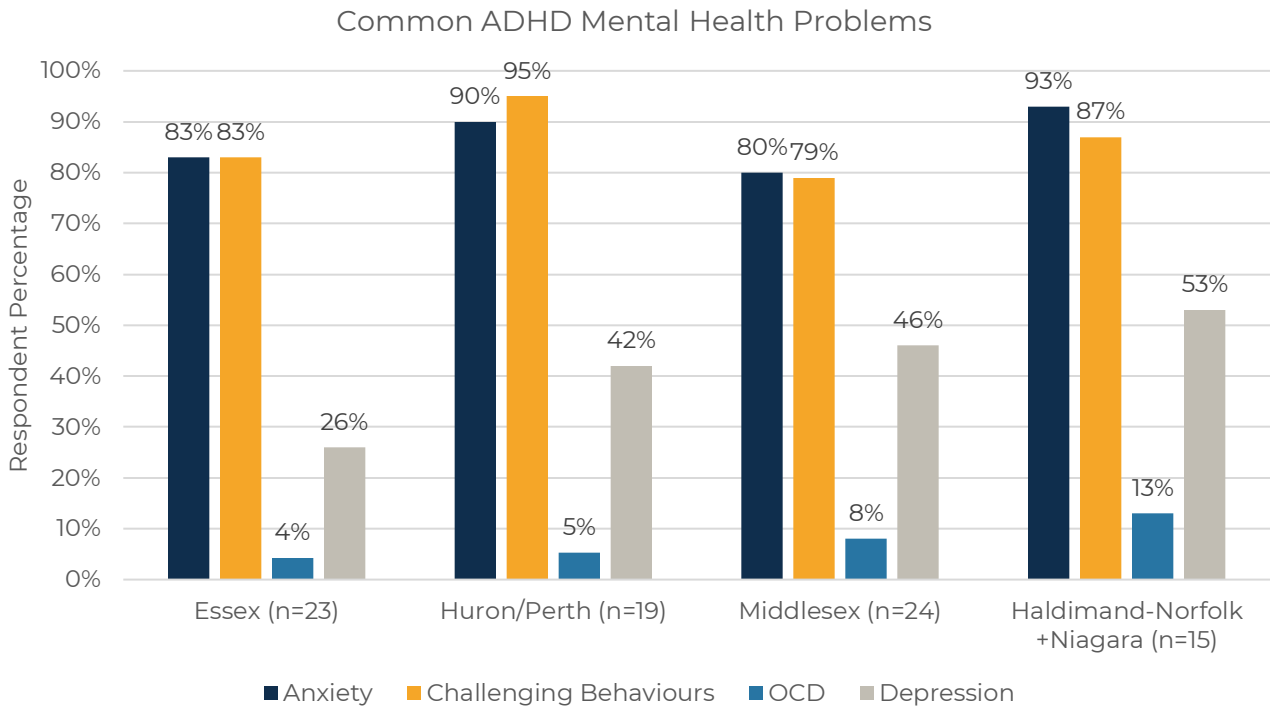


Figure 30.2: Percentage of West Region Providers Reporting Common Presenting Problems for Clients with ADHD by Service Area (n = 81)



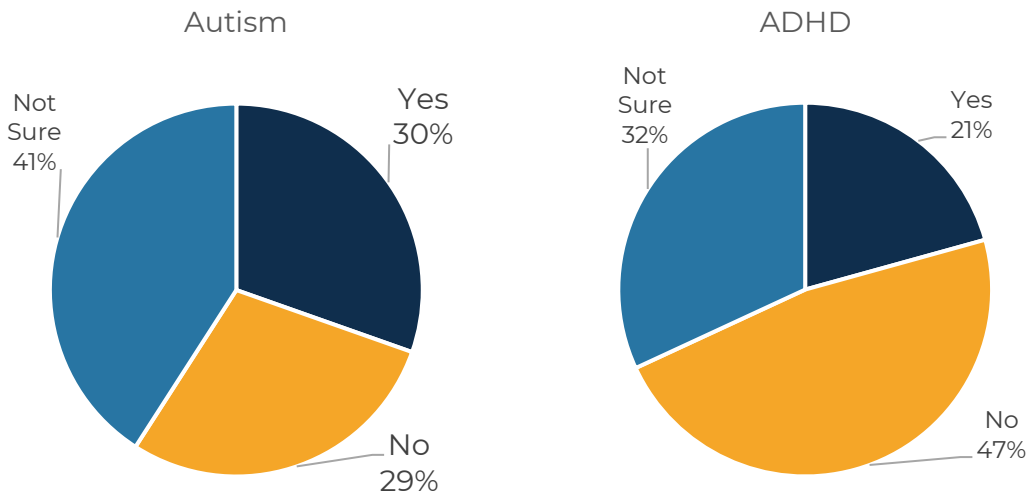
Common Treatment Approaches

Similar to the provincial findings, providers in the West Region reported using a broad set of interventions with their clients with ADHD and with autism, with the top three being CBT (83% and 56%, respectively), Solution Focused Therapy (SFT; 59% and 41%, respectively) and Family Therapy (58% and 43%, respectively). Significantly more providers noted using these interventions for clients with ADHD than clients with autism. While these interventions were rated as very helpful for both clients, CBT was rated as significantly more helpful for clients with ADHD ($M = 7.07$; $SD = 1.81$) compared to clients with autism ($M = 6.44$, $SD = 1.91$; $p < .001$). Providers did not report any differences in the helpfulness of SFT and Family Therapy.

As shown in **Figure 31**, approximately 41% of respondents were not sure if their agency had established criteria (e.g., exclusionary criteria, practices, policies) for children with autism and 32% were not sure regarding ADHD. Of those who were sure, significantly more respondents reported established policies regarding autism (51%) compared to ADHD (30%).

Figure 31: West Region Mental Health Organization Criteria for Children and Youth with Autism (n = 116) or with ADHD (n = 115)

"To your knowledge, does your agency have established criteria for providing mental health services to children and youth with …."



Adaptations to Current Practice

Consistent with the provincial sample, West Region providers used similar kinds of adaptations to the therapy they provide to clients with ADHD and with autism. As shown in **Table 11**, the two most common adaptations for both groups included providing structure and predictability and making use of special interests during sessions. For clients with ADHD, the third most common adaptation is conducting shorter sessions, and for clients with autism, the third most common adaptation is making abstract concepts more concrete. For a full list of adaptations, please see the Provincial Report.

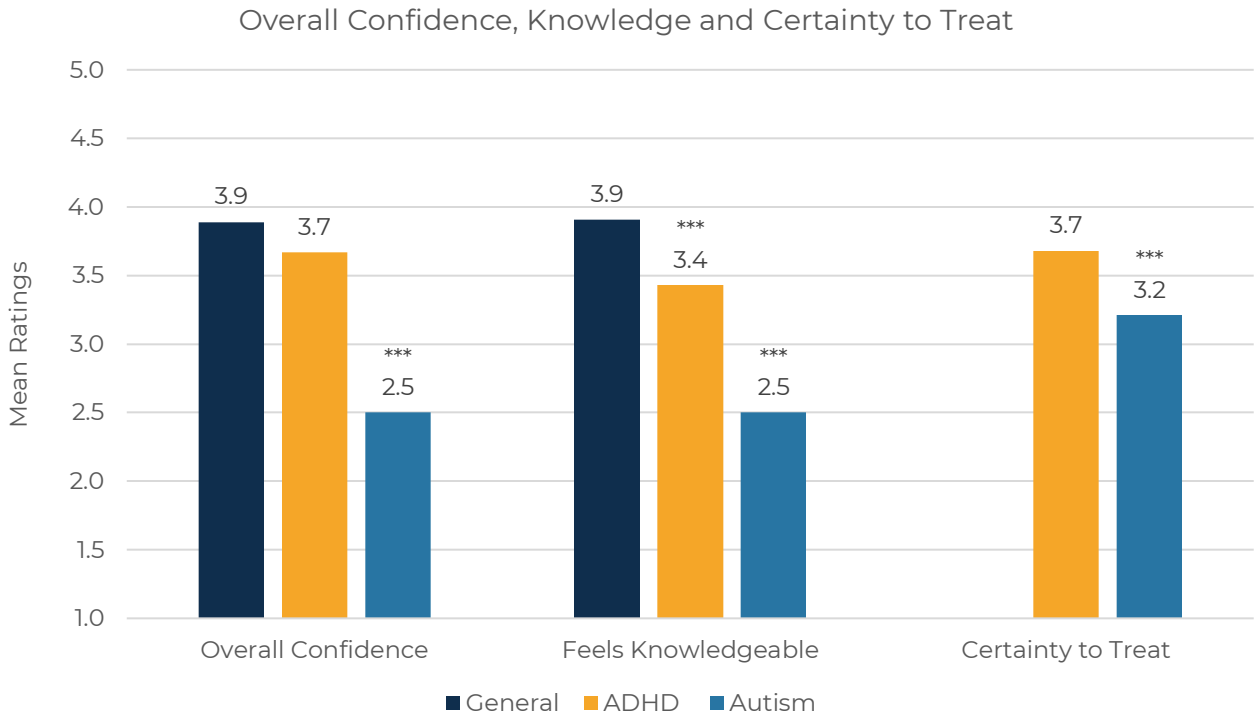
Table 11. Percentage of West Region Providers Reporting Common Adaptations to Psychotherapy for Clients with Autism and with ADHD (n = 117)

In the past, what adaptations have you made in psychotherapy with….	**%**
Clients with ADHD	
Provide structure and predictability (e.g., routines, transition activities)	91
Make use of special interests (e.g., include individual interests as part of therapy)	87
Length of session: shorter	84
Clients with Autism	
Provide structure and predictability (e.g., routines, transition activities)	79
Make use of special interests (e.g., include individual interests as part of therapy)	72
Make abstract concepts for concrete	64

Confidence, Knowledge and Certainty to Treat

As shown in **Figure 32.1**, West Region respondents reported feeling significantly less confident and less knowledgeable in providing psychotherapy to clients with autism compared to clients with ADHD, and to clients with mental health problems in general. They also reported feeling less knowledgeable in working with clients with ADHD compared to clients with mental health problems in general. Further, providers noted feeling significantly less certain about using psychotherapy to treatment clients with autism compared to clients with ADHD[19]. As shown in **Figure 32.2**, large differences appear to exist with regard to autism: 4% of respondents felt Not at All or Slightly confident in providing psychotherapy to clients in general, compared to 8% for clients with ADHD and 46% for clients with autism. A similar pattern emerged in terms of providers' knowledge of, and certainty to treat, clients with autism relative to clients with ADHD and clients in general. This pattern is similar to the provincial data.

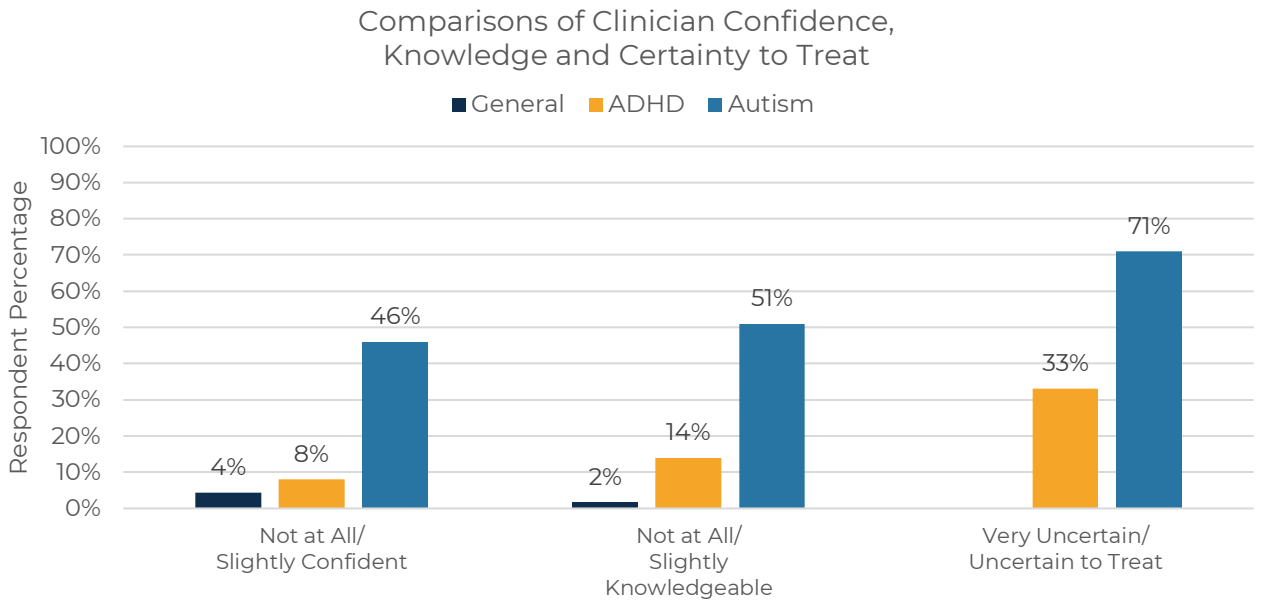
Figure 32.1: West Region Providers' Average Ratings of Confidence, Knowledge and Certainty to Treat (n = 117)



*** p < .001

[19] We did not ask the certainty question about children in general.

Figure 32.2: Percentage of West Region Providers Reporting Low Confidence, Knowledge and Certainty to Treat Clients with Autism Compared to Clients with ADHD (n = 117)

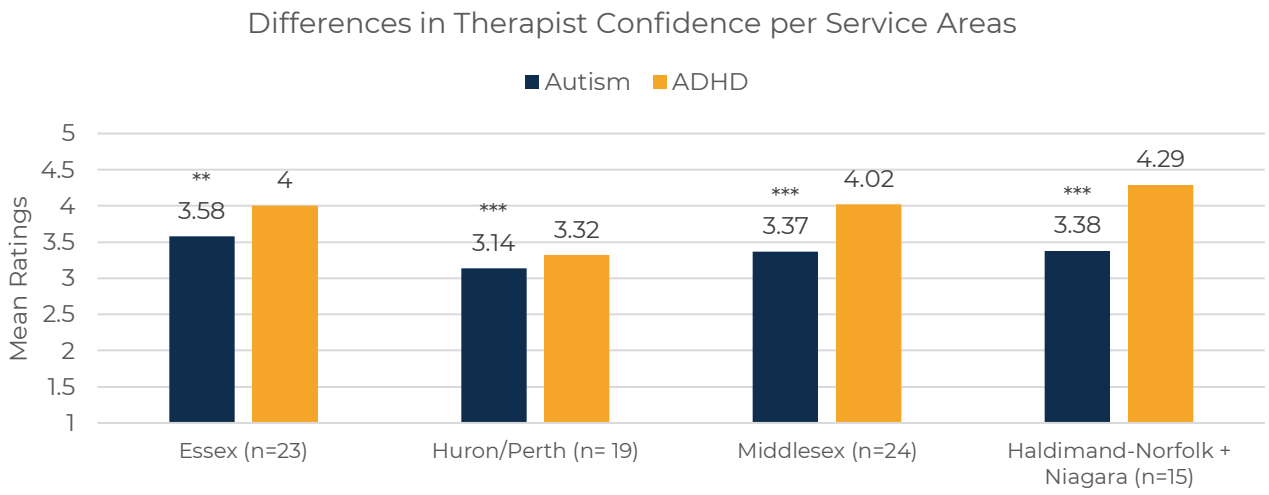


Deeper Dive into Therapist Confidence

West Region Service Areas

As shown in **Figure 33**, for each of the service areas, respondents showed a similar pattern of significantly lower confidence towards providing therapy for children with autism compared to clients with ADHD.

Figure 33: Average Confidence Ratings for Treating Clients with Autism Compared to Clients with ADHD by West Region Service Areas (n = 81)



** p < .01; *** p < .001

A Deeper Dive into Mental Health Provider Knowledge of Psychotherapy Practice

As shown in **Tables 12.1**, West Region participants rated significantly greater knowledge gaps related to autism compared to ADHD. The greatest areas of gaps in autism knowledge occurred in developing treatment plans, providing psychotherapy, and delivering treatment for clients with autism.

Table 12.1. West Region Providers' Self-Rated Knowledge for Treating Clients with Autism (n = 115) and ADHD (n = 117)

Knowledge Rating (% Not at All/Slightly Knowledgeable)	Autism	ADHD
Providing psychotherapy	**51**	14
Core symptoms	24	5
Co-occurring problems	32	9
Impacts on behaviour	23	18
Treatment planning	**45**	9
Delivering treatment	**47**	12
Identifying progress	**39**	10

West Region Service Areas

As shown in **Table 12.2**, across service areas, providers were more likely to indicate very low levels of knowledge regarding providing psychotherapy, identifying progress for clients, treatment planning, and delivering treatment to clients with autism compared to clients with ADHD. In one case, respondents in Essex and Middlesex reported similarly low levels of knowledge regarding the impacts of autism or ADHD on client behaviour. Overall, these results are consistent with patterns in the Provincial Report.

Table 12.2. West Region Service Area Providers' Self-Rated Knowledge for Treating Clients with Autism and ADHD (n = 81)

Knowledge Rating (% Not at All/Slightly knowledgeable)	Essex (n = 23)	Huron/Perth (n = 19)	Middlesex (n = 24)	Haldimand-Norfolk + Niagara (n = 15)
Providing psychotherapy				
Autism	61	74	41	40
ADHD	26	11	26	13
Impacts on behaviour				
Autism	13	42	22	13
ADHD	22	21	29	20
Identifying progress				
Autism	35	30	48	27
ADHD	17	11	17	7
Core symptoms				
Autism	9	47	30	13
ADHD	4	11	13	0
Treatment planning				
Autism	35	58	48	47
ADHD	9	11	17	7
Co-occurring problems				
Autism	17	53	35	27
ADHD	4	5	13	13
Delivering treatment				
Autism	44	68	48	40
ADHD	22	11	17	13

Intention to provide psychotherapy

As shown in **Figures 34.1** and **Figure 34.2,** West Region providers' intentions to provide psychotherapy to children/adolescents with autism had a very different profile compared to those with ADHD. Specifically, most (61%) therapists noted that they were quite or extremely likely to provide psychotherapy to clients with ADHD if it were up to them, while only 29% endorsed a similar level of likelihood for clients with autism. In contrast, only 19% and 31% indicated that they would be unlikely to provide psychotherapy to clients with ADHD and clients with autism, respectively.

Figure 34.1: West Region Providers' Intentions to Provide Psychotherapy to Clients with ADHD (n = 116)

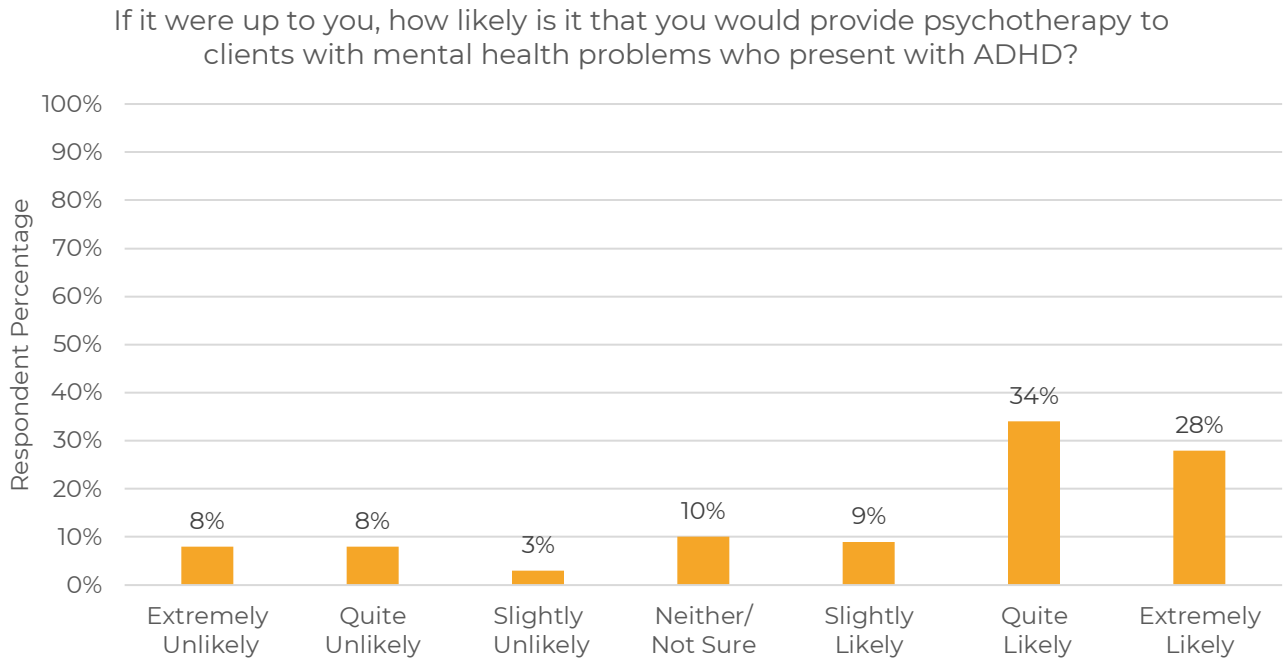
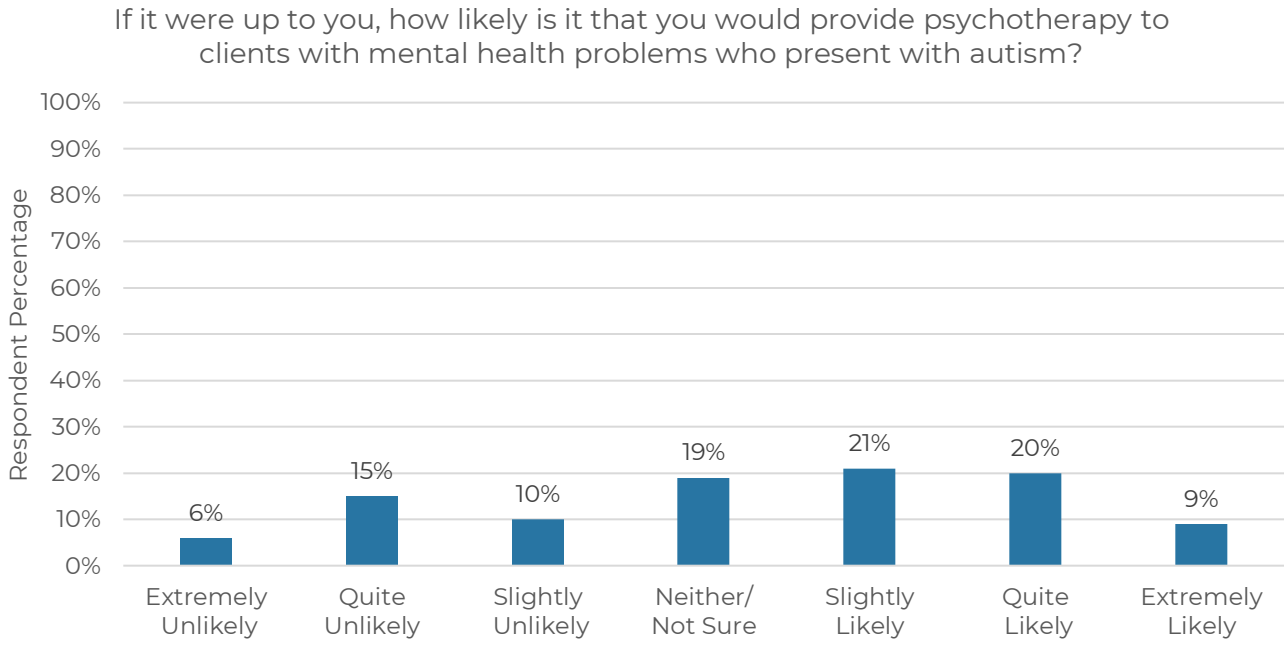


Figure 34.2: West Region Providers' Intentions to Provide Psychotherapy to Clients with Autism (n = 117)



Mental Health Agency Barriers

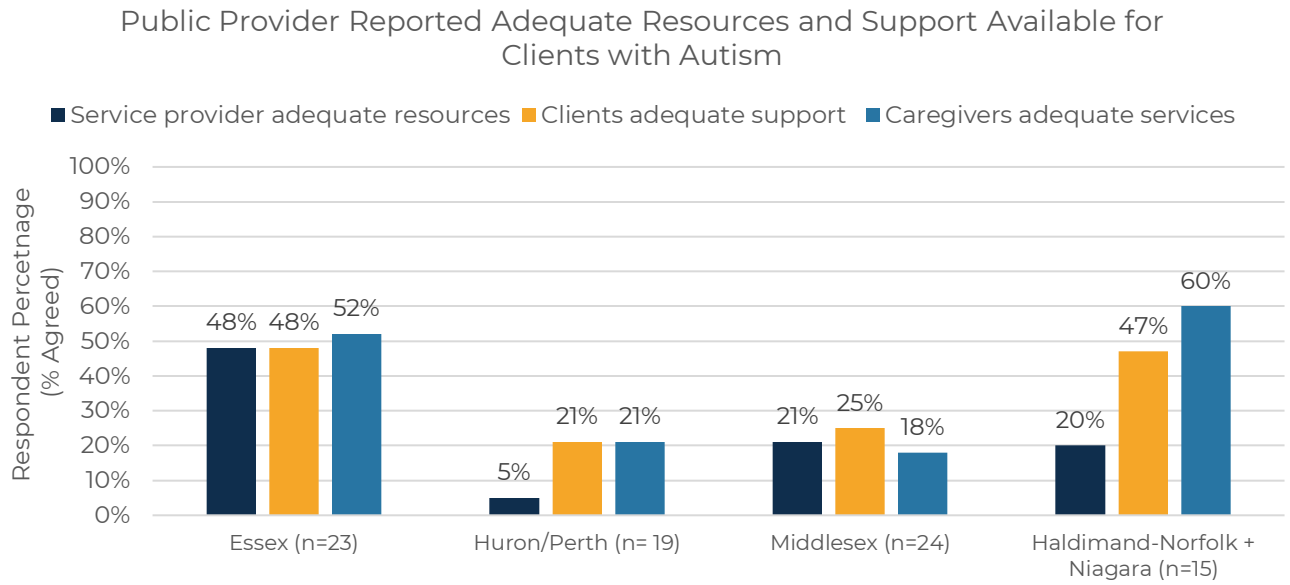
Consistent with public (72%) and private (63%) provincial level-results, over half of the West Region respondents (65%) reported at least one perceived barrier within their organization when accessing services for families of children with autism. In responses regarding their clinical practice:

- 26% of service providers agreed that they have adequate tools to support and accommodate their clients with autism, consistent with public (27%) and private (22%) providers at the provincial level.
- 34% of service providers agreed that their clients with autism have adequate support to effectively partner with them, consistent with public (32%) and private (37%) providers at the provincial level.
- 34% of service providers agreed that the caregivers of their clients with autism have sufficient services and support to effectively partner with them, which is higher than the proportion of provincial public (29%) and private (20%) providers that agreed with this statement.

West Region Service Areas

As shown in **Figure 35**, a considerably low percentage of respondents in Huron/Perth and Middlesex service areas agreed that they had adequate tools/resources to accommodate individuals with autism in their practice, their clients have adequate support to partner effectively, and caregivers have sufficient services and support available. In fact, only 5% of respondents from Huron/Perth felt that they had adequate resources to accommodate their services for clients with autism. In Essex, nearly 50% of respondents felt they were provided with sufficient tools/resources to work with clients with autism in their clinical practice, and clients and caregivers had sufficient services available. In Haldimand-Norfolk/Niagara areas, just over half of respondents felt caregivers did have adequate services and support to partner effectively.

Figure 35: Adequate Resources, Support and Services Available for Treating Clients with Autism Based on West Region Service Areas (n = 81)



Training Needs and Ideas

About half of the West Region respondents reported that they had formal training on working with clients with autism (46%) and clients with ADHD (61%). As shown in **Figures 36.1** and **36.2**, a pattern of slightly higher reported training hours emerges for West Region clinicians who work with clients with ADHD compared to autism. This is consistent with patterns from the provincial results.

Figure 36.1 West Region Service Providers' Hours of Training in Working with Clients with ADHD (n = 70)

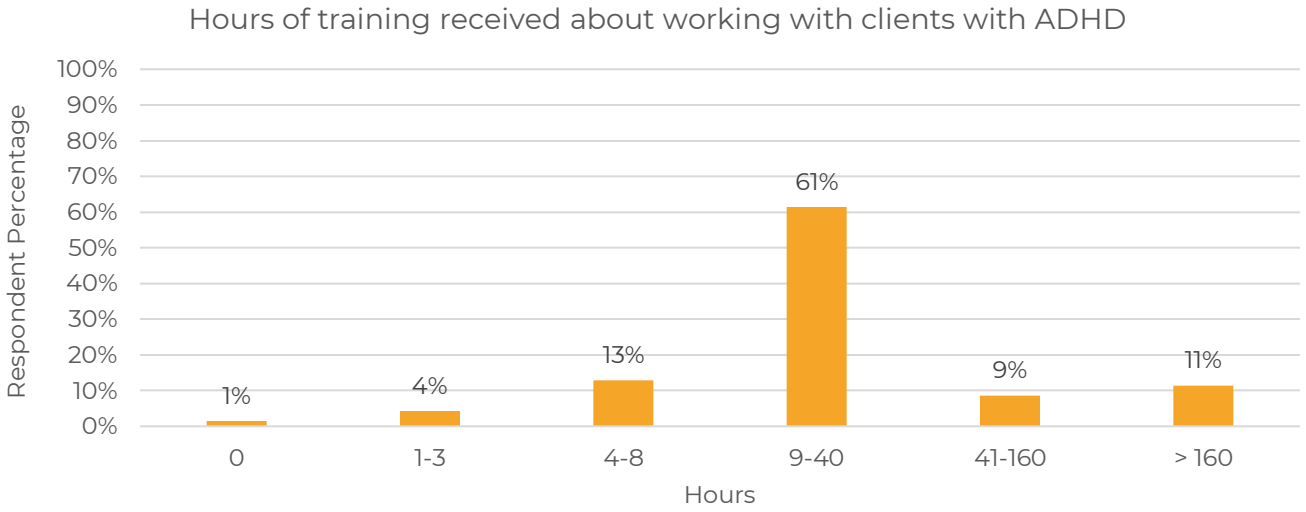
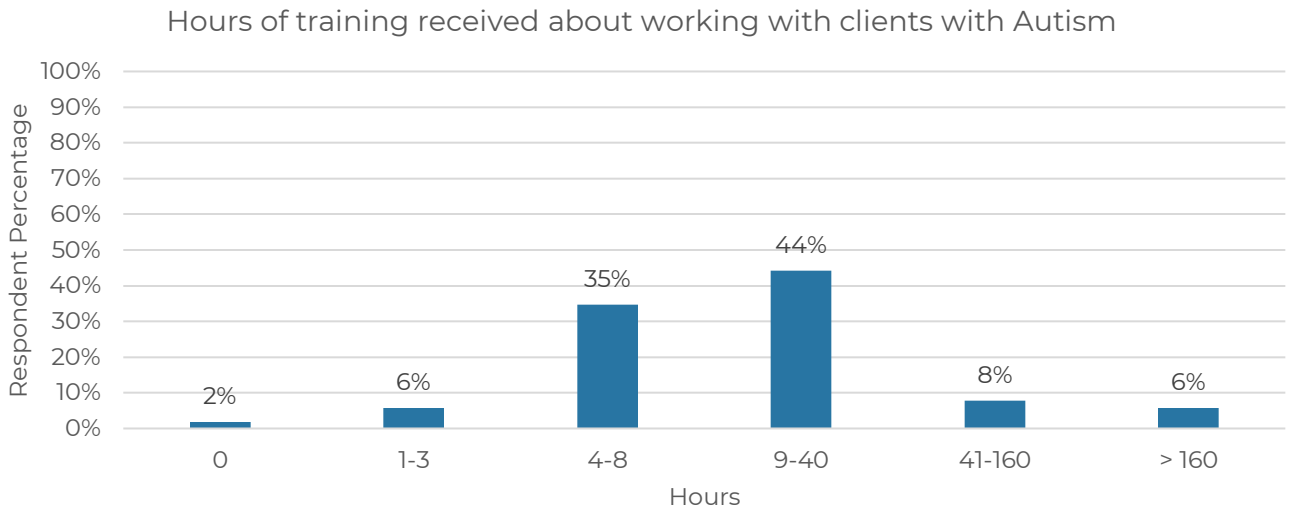


Figure 36.2 West Region Service Providers' Hours of Training in Working with Clients with Autism (n = 52)

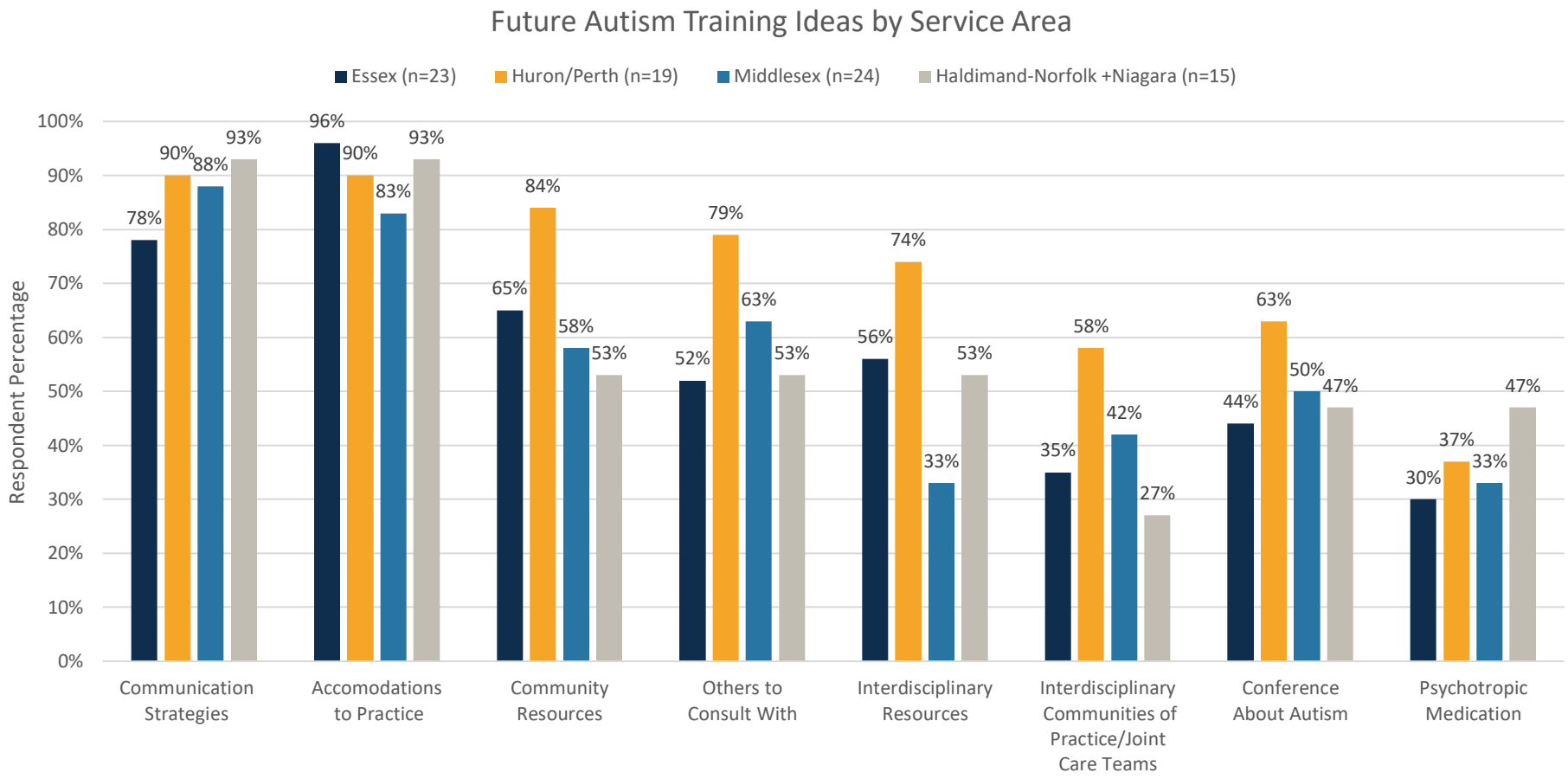


In terms of service providers' interest in additional training, a similar pattern was found for the West Region and provincial samples. Most survey respondents reported that they would very likely attend a training session related to mental health interventions for clients with autism (82%). For clients with autism, most respondents requested training and indicated resource needs surrounding mental health and autism (89%) and effective communication strategies (86%). Further, more than half noted that it would be helpful to have community resources for clients (66%), a network of other practitioners to consult with (61%), and access to interdisciplinary resources (51%). Approximately half of the sample indicated that they would want training to learn more about autism (48%). Others reported interest in accessing to interdisciplinary communities of practice or joint care (41%) or information on psychotropic medication (38%).

West Region Service Areas

As shown in **Figure 37**, across all four service areas, most respondents reported communication strategies and accommodations to practice as their top training topics when working with children and adolescents with autism. These findings are similar to those of the Provincial Report, where 90% of providers requested training on communication strategies and accommodation to practice. Over 60% of respondents in Huron/Perth, Essex and Middlesex also requested community resources and other practitioners to consult with as part of their training needs.

Figure 37: Percentage of West Region Public Mental Health Providers Reporting an Interest in Future Autism Training by Service Area (n = 81)



Discussion

This project explored clinician factors influencing the delivery of psychotherapy for children/adolescents with neurodevelopmental conditions, such as autism or ADHD, among agencies across the province affiliated with Children's Mental Health Ontario, as well as a sample of private mental health practitioners across Ontario. Compared to the Provincial Report, this report was meant to highlight the unique regional and service area findings that can help support future capacity-building initiatives.

There was considerable consistency across regions and service areas in many respects. The top two most common mental health problems noted in clients with autism and ADHD were that of anxiety and challenging behaviours. Some regions (North and West) noted that third most common presenting problem for clients with autism was OCD, while for clients with ADHD was depression. Across regions, CBT, Solution Focussed Therapy, and Family Therapy appear to be the most commonly used approaches, though sometimes less often used with clients with autism. While they are deemed as helpful, many providers who use them noted them to be more helpful for clients with ADHD.

Most mental health providers were less confident, felt they had less knowledge and believed they would be less effective when providing mental health services to clients with autism compared to clients with ADHD or children with mental health problems in general. Some service areas (for example, Durham and Simcoe) reported low levels of knowledge gaps compared to regional-level (East and Central, respectively) and general provincial results. Results suggest most areas have barriers to treating child/adolescent clients with autism and who present with mental health problems, while also shedding light on agency-related policies that impact service access. In some regions (Central and Toronto), the proportion of mental health providers agreeing to statements of adequate tools/resources to accommodate clients with autism were higher than the provincial results.

It is also encouraging to see that many adaptations are employed when providing psychotherapy to clients with autism and with ADHD. Consistent with the provincial-level sample, most regional level results suggest that the majority of providers felt that they did not have adequate resources to support clients with autism and their families. Respondents in each region reported significantly less confidence, knowledge and intention to provide psychotherapy to clients with autism compared to clients with ADHD. All regions, except for the East, also reported significantly less knowledge for both clients with autism and clients with ADHD compared to clients with mental health problems in general, suggesting that there are some knowledge gaps that may be broader than autism.

These patterns suggest a readiness and need for further training that would be relevant across the province, rather than highly tailored service area needs. Training initiatives were of great interest for the majority of respondents. Specifically, providers across service areas and regions uniformly prioritized training that would focus on strategies for adapting their current practice, and for improving the ways they can communicate with their clients. Providers were also very supportive of trainings that would build community connections and expand resources. The least preferred focus of trainings would be on psychopharmacology and on the basic introductions to autism. It may be that added trainings may serve to increase clinician intention, confidence, and self-perceived knowledge, as well as the helpfulness of different therapeutic approaches, which have shown to be evidence-based to address mental health problems in children with autism. Most respondents identified as White, and though there were also respondents who identified as BIPOC in each region, this survey did not inquire about the experience of being a service provider from an equity, diversity or inclusion or intersectional lens, nor did it ask about training needs as they pertain to intersectional issues related to supporting clients. This requires further exploration.

There may also be policy level differences to service access. Significantly more respondents from the North, East and West Regions noted that their agency had established agency-level policies for autism compared to for ADHD. It is interesting to note that while both autism and ADHD are neurodevelopmental conditions that are often associated with mental health problems, and while the same clinicians report similar levels of presenting problems in both groups of clients, there are disproportionately more autism-related policies compared to ADHD policies. Further work is needed to identify whether these policies reflect potential exclusionary criteria for autism (e.g., having an autism diagnosis excludes a child from receiving service) or whether they indicate that agencies have been specifically planning for the complexity and heterogeneity found in clients with autism (e.g., developing policies to best match client needs to service delivery). Both the provincial and **unique regional needs are important to consider in future sector capacity-building efforts.**

Conclusion

This survey is an important first step in improving mental health care for children and youth with neurodevelopmental conditions, such as autism or ADHD, who have co-occurring mental health problems. The survey appears to be a useful way to gauge service provider variables and effectively inform and track capacity-building efforts at child and youth mental health agencies across Ontario. Future projects can expand on this work by re-distributing this online tool on therapist confidence, attitudes, knowledge, and motivation to treat clients with autism or ADHD following agency-wide clinician training and educational programs.

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