

research snapshot

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What is Related to Emergency Department Visits for Individuals with Autism?

What is this research about?

Individuals with autism spectrum disorder (ASD) often have complex medical and psychiatric care needs and visit the emergency department (ED) at higher rates than their peers who don't have ASD. However, we know very little about what differentiates people with ASD who visit the ED from people with ASD who do not visit the ED. This study aimed to identify predictors of: 1) any ED visits; 2) psychiatric ED visits; and 3) medical ED visits among a sample of adolescents and adults with ASD.

What did the researchers do?

The researchers surveyed 284 parents of adolescents and adults with ASD from across Ontario. Participants were recruited from ASD support agencies and advocacy groups, and from email lists associated with these organizations.

Parents completed an initial survey about their demographic information, their child's health, past ED use, and level of family distress. Then, parents completed five brief bi-monthly surveys and a longer final survey a year to 18 months later about their child's service use, including ED use. All participants had the option of completing their surveys online, by telephone interview, or on paper; most preferred the online surveys.

What you need to know:

Many adolescents and adults with ASD visit the emergency department (ED). The strongest predictors of ED visits in this study were having gone to the ED in the past year, elevated family distress, and experiencing two or more negative life events just before the study started.

Integrated crisis planning, caregiver supports, and community-based mental health services may help prevent ED visits.

What did the researcher find?

The researchers found more than one in five (22%) adolescents and adults visited the ED at least once over the course of the study's follow-up period. Three predictors of future ED visits were found: 1) having had an ED visit in the year prior to the study; 2) elevated family distress at the start of the study; 3) two or more negative life events just before the start of the study.

Different predictors of psychiatric ED visits as compared to medical ED visits were also found. Low neighbourhood income and living in a rural neighbourhood were associated with medical but not psychiatric visits. A history of aggression and being from an immigrant family were associated with psychiatric but not medical visits. Family distress, life events, and being on medication were linked with having both medical and psychiatric emergencies.



ASD
Mental Health

How can you use this research?

Specific attention should be paid to integrated crisis planning, caregiver supports, and community-based mental health services to minimise ED use. Variables like age, sex, and ASD symptom severity did not predict ED use, meaning that we have to think about how to best support all adolescents and adults with ASD to prevent emergencies from happening.

About the Researchers

Yona Lunsky Ph.D., C.Psych, clinician scientist, and Anna Palucka Ph.D., C.Psych, clinical psychologist, are associated with the Adult Neurodevelopmental Service at the Centre for Addiction and Mental Health and the University of Toronto in Toronto, Ontario.

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About the Chair

The Chair in Autism Spectrum Disorders Treatment and Care Research is dedicated to studying ways to improve the mental health and well-being of people with Autism Spectrum Disorders (ASD) and their families in Canada.

For more information, visit the Chair in Autism Spectrum Disorders Treatment and Care Research website at asdmentalhealth.ca

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