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Autism and Co-occurring Mental Health Conditions: A Review of Psychosocial Risks and Intervention Gaps

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Abstract: *Autistic individuals experience disproportionately high rates of co-occurring mental health conditions, including anxiety, depression, attention-deficit hyperactivity disorder (ADHD) and other psychiatric difficulties, which substantially affect psychosocial functioning and quality of life across the lifespan. These mental health challenges do not arise in isolation but emerge through complex interactions between core autistic characteristics and cumulative psychosocial risk factors such as emotion dysregulation, social exclusion, environmental stress and limited systemic support. Despite growing recognition of these challenges, existing intervention approaches remain fragmented, predominantly symptom-focused and insufficiently responsive to contextual and neurodiversity-related needs. This review critically synthesises contemporary literature on psychosocial risks and intervention gaps associated with autism and co-occurring mental health conditions. The synthesis identifies persistent challenges in assessment practices, service accessibility, workforce preparedness and equity, alongside limited integration of emotion regulation, executive functioning and environmental adaptation within intervention frameworks. Evidence further indicates that community-based supports, transitional care pathways and integrated mental health provision within educational and vocational settings remain underdeveloped, contributing to discontinuities in care and suboptimal outcomes. In response, this article proposes a conceptual psychosocial intervention framework that conceptualises mental health difficulties in autism as outcomes of dynamic interactions across individual, relational and systemic levels. Psychosocial interventions are framed as buffering mechanisms that mitigate cumulative risk and promote adaptive functioning when implemented holistically and contextually. Addressing these priorities is essential to improving mental health outcomes, enhancing social inclusion and supporting life participation for autistic individuals with co-occurring mental health conditions.*

Keywords: Autism Spetrum Disorder, Co-occurring Mental Health Conditions, Psychosocial Risk, Intervention Gaps, Neurodiversity, Well-being

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterised by persistent differences in social communication and interaction alongside restricted and repetitive patterns of behaviour, interests and sensory processing. Beyond these defining characteristics, a substantial proportion of autistic individuals experience co-occurring mental health conditions, including anxiety disorders, depression, attention-deficit hyperactivity

disorder (ADHD), obsessive–compulsive symptoms and trauma-related difficulties. These conditions are not peripheral but constitute central determinants of psychological well-being, adaptive functioning and long-term life trajectories. Empirical evidence consistently indicates that autistic individuals face elevated psychiatric risk, with co-occurring conditions intensifying emotional distress, reducing quality of life and complicating everyday functioning across developmental stages (Genovese & Ellerbeck, 2022; Reaven & Wainer, 2015; Rosen et al., 2018; Stratis & Lecavalier, 2013; Vetri, 2020).

Growing research suggests that mental health challenges in autism emerge from complex and dynamic interactions between neurodevelopmental characteristics and psychosocial stressors. Core traits such as cognitive inflexibility, restricted and repetitive behaviours and heightened sensory sensitivity are associated with increased emotional vulnerability and behavioural challenges across development (Stratis & Lecavalier, 2013). These individual susceptibilities are frequently amplified by contextual factors, including social exclusion, bullying, persistent misunderstanding within educational environments, adverse childhood experiences and elevated caregiver stress. The cumulative impact of these influences contributes to heightened psychosocial risks, including social withdrawal, reduced self-efficacy, academic disengagement and diminished overall well-being. Such risks are particularly pronounced during adolescence and emerging adulthood, developmental periods characterised by escalating social demands and critical transitions across educational, vocational and relational domains (Hollocks et al., 2021; Hollocks et al., 2022; Kerns et al., 2017).

Despite increasing recognition of these complexities, current intervention frameworks remain fragmented and insufficiently aligned with the lived realities of autistic individuals with co-occurring mental health conditions. Diagnostic processes are frequently complicated by symptom overlap and diagnostic overshadowing, resulting in under-identification of mental health needs and delayed access to appropriate support (Rosen et al., 2018). Although screening tools demonstrate potential utility, their systematic implementation within autistic populations remains inconsistent. Furthermore, key mechanisms underlying anxiety and depression—particularly difficulties in emotion regulation and executive functioning—are not consistently or comprehensively targeted across psychosocial interventions, contributing to variable and often suboptimal outcomes (Conner et al., 2023; Findon et al., 2016).

Intervention gaps are especially visible across educational, community and transitional contexts. School environments, whether mainstream or specialised, often lack structured psychosocial supports that address the intersection between autistic traits and mental health needs, potentially exacerbating stress and limiting adaptive coping. Transition-age youth with ASD frequently encounter barriers to accessing appropriate psychosocial services and may rely disproportionately on psychotropic medication, despite evidence indicating that integrated, multimodal supports yield more favourable outcomes when co-occurring conditions are present (Plourde et al., 2024). Similarly, employment and vocational programmes often fail to account for mental health complexity, thereby threatening long-term sustainability, participation and well-being in adulthood (Bury et al., 2022). At the same time, research highlights the protective influence of family resilience and caregiver coping in buffering the impact of co-occurring psychopathology, underscoring the relational and systemic dimensions of effective intervention (Menezes et al., 2021).

Taken together, these findings underscore the urgent need for a more integrated conceptualisation of psychosocial risks and intervention limitations affecting autistic

individuals with co-occurring mental health conditions. This article therefore aims to critically examine psychosocial pathways contributing to mental health vulnerability in autism and to identify structural and conceptual gaps within existing intervention approaches. By synthesising current evidence, this review seeks to inform future research and support the development of transdiagnostic, personalised and contextually grounded psychosocial frameworks consistent with neurodiversity-affirming principles and responsive to real-world environments.

Table 1: Psychosocial Risks and Intervention Gaps in Autism and Co-occurring Mental Health Conditions

Domain	Key Issues Identified	Supporting Sources
Co-occurring conditions	High prevalence of anxiety, depression, ADHD and mood disorders in ASD	Stratis & Lecavalier (2013); Genovese & Ellerbeck (2022); Rosen et al. (2018)
Individual psychosocial risks	Cognitive inflexibility, emotional dysregulation, behavioural problems	Hollocks et al. (2022); Stratis & Lecavalier (2013)
Contextual risk factors	Adverse life events, parental stress, socioeconomic disadvantage	Hollocks et al. (2021); Kerns et al. (2017)
Assessment challenges	Symptom overlap and diagnostic overshadowing limit detection	Rosen et al. (2018); Findon et al. (2016)
Intervention limitations	Limited focus on emotion regulation and executive functioning	Conner et al. (2023)
Service and transition gaps	Barriers to psychosocial services; medication-focused care	Plourde et al. (2024)
Employment supports	Inadequate mental health integration in employment programmes	Bury et al. (2022)
Family-level buffering	Role of family resilience and caregiver coping	Menezes et al. (2021)

Overall, Table 1 illustrates that psychosocial risks in autism are multifaceted and extend beyond individual symptomatology to include contextual stressors, assessment challenges and systemic service gaps. The convergence of high rates of co-occurring mental health conditions, limited focus on emotion regulation and executive functioning within interventions and insufficiently integrated support systems—particularly during transitional and employment phases—underscores the need for more holistic, transdiagnostic and contextually responsive intervention frameworks. Importantly, the buffering role of family resilience further highlights the necessity of moving beyond individual-level approaches towards integrated models that address relational and environmental determinants of mental health in autistic populations.

2. Research Gaps

Although the high prevalence of co-occurring mental health conditions in autism is well established, substantial gaps persist in both research and intervention practices. Much of the literature continues to adopt disorder-specific approaches, examining anxiety, depression, or behavioural difficulties in isolation. Such approaches fail to capture the cumulative, interactive nature of psychosocial risks experienced by autistic individuals, who frequently present with multiple overlapping conditions. Consequently, there remains a notable absence of integrative models that conceptualise mental health in autism as a dynamic interplay among neurodevelopmental traits, emotional regulation processes and environmental stressors.

Intervention research has also predominantly prioritised individual-level clinical treatments, particularly cognitive and behavioural therapies, with comparatively limited attention to contextual and systemic influences. While such approaches may produce short-term symptom improvement, they often overlook the roles of educational environments, peer dynamics, family systems and institutional structures in shaping mental health trajectories. The scarcity of context-sensitive and community-based psychosocial interventions constrains their sustainability, ecological validity and real-world effectiveness, particularly within school and community settings.

A further imbalance is evident in population focus. Research remains disproportionately centred on children, while adolescents and emerging adults are comparatively underrepresented despite evidence that mental health difficulties frequently intensify during this developmental period, marked by heightened academic expectations, social complexity and identity formation. Limited attention to this stage restricts understanding of how psychosocial risks evolve over time and how interventions may be tailored to support critical educational, vocational and relational transitions. Moreover, autistic individuals' lived experiences and perspectives remain insufficiently prioritised in research and intervention design. As a result, interventions may inadequately reflect neurodiversity-affirming principles and risk perpetuating deficit-oriented narratives. Greater inclusion of autistic voices is therefore essential to ensure that psychosocial supports promote autonomy, psychological safety and well-being rather than behavioural compliance alone. In addition, the literature remains heavily dominated by Western contexts, with relatively limited evidence from Asian and Global South settings. Given substantial differences in cultural norms, educational structures and service systems, this lack of contextual diversity constrains the generalisability of existing findings and highlights the need for culturally responsive frameworks.

Despite advances in identifying co-occurring conditions and service models across the lifespan, persistent mismatches between research knowledge and real-world care delivery remain evident (Maddox et al., 2021; Genovese & Ellerbeck, 2022). Coordinated psychosocial supports are unevenly distributed, particularly within community contexts where most autistic individuals seek assistance (Gupta & Gupta, 2024; Maddox et al., 2021). Although cognitive-behavioural therapy (CBT) demonstrates stronger evidence for anxiety than for depression, interventions addressing broader and overlapping co-occurring profiles remain comparatively underdeveloped (White et al., 2018; Rosen et al., 2018; Gupta et al., 2023). Methodological limitations—including the underrepresentation of females, transition-age youth and diverse cognitive profiles—further constrain equity, scalability and generalisability (Dickson et al., 2022; Maddox et al., 2021). Collectively, these gaps underscore the pressing need for holistic, multi-level and neurodiversity-affirming approaches that integrate psychosocial risk, accessibility and sustainability across real-world systems of care (Bury et al., 2022; Fuld, 2018; Maddox et al., 2021).

Table 2: Key Research Gaps in Autism and Co-occurring Mental Health Conditions

Gap Area	What is Missing / Underdeveloped	Why It Matters	Key Sources
Community implementation	Interventions designed and tested for routine community settings	Limits translation from research to practical, accessible care	Maddox et al. (2021)
Sample diversity & equity	Underrepresentation of females, transition-age youth, racially/ethnically minoritised groups and diverse cognitive profiles	Reduces generalisability and equity of intervention evidence	Dickson et al. (2022); Maddox et al. (2021)

Gap Area	What is Missing / Underdeveloped	Why It Matters	Key Sources
Comprehensive co-occurring focus	Stronger focus on anxiety than depression; limited tailoring for trauma and sleep issues	Leaves major symptom burdens insufficiently addressed	White et al. (2018); Rosen et al. (2018); Fuld (2018); Gupta et al. (2023)
Workforce capacity	Limited training/incentives for autism-competent mental health workforce	Constrains service quality and availability	Maddox et al. (2021)
Service-system fragmentation	Disconnected pathways and complex navigation across lifespan	Delays care and worsen outcomes during transitions	Maddox et al. (2021); Genovese & Ellerbeck (2022)
Workplace mental health integration	Employment supports often fail to integrate mental health and well-being needs	Risks sustainability and well-being in vocational participation	Bury et al. (2022)
Clinical management balance	Growing discussion of pharmacological pathways without equivalent psychosocial integration	Risks over-reliance on medication without multi-level supports	Gupta & Gupta (2024); Maddox et al. (2021)

As summarised in Table 2, current research on autism and co-occurring mental health conditions remains limited by insufficient community-based implementation, inequitable sample representation and a narrow clinical focus that prioritises anxiety over other prevalent concerns such as depression, trauma and sleep-related difficulties. These gaps are compounded by workforce capacity constraints, fragmented service systems and inadequate integration of mental health considerations within employment and vocational supports. Collectively, these limitations underscore the urgent need for future research to adopt more inclusive, transdiagnostic and implementation-oriented approaches that align psychosocial interventions with real-world contexts and the lived experiences of autistic individuals across the lifespan.

3. Psychosocial Interventions and Discussion

In light of the psychosocial risks and research gaps identified, this section discusses existing psychosocial interventions for autistic individuals with co-occurring mental health conditions and critically examines their conceptual focus, effectiveness and limitations. Particular attention is given to how current interventions address—or fail to address—emotion regulation, contextual stressors and systemic barriers that shape mental health outcomes. By situating intervention approaches within broader psychosocial and developmental contexts, this discussion highlights the need for more integrated, neurodiversity-affirming and contextually responsive intervention models to support well-being and functional outcomes across the lifespan.

3.1 Existing Psychosocial Interventions for Autistic Individuals with Co-occurring Mental Health Conditions

Current psychosocial interventions for autistic individuals with co-occurring mental health conditions are predominantly grounded in clinical frameworks, particularly cognitive and behavioural approaches. Interventions such as cognitive behavioural therapy, emotion regulation training and anxiety management programmes have demonstrated varying levels of effectiveness in reducing specific symptoms. However, these interventions are frequently adapted from neurotypical populations and may insufficiently account for autistic cognitive styles, sensory sensitivities and social processing differences. Beyond individual therapy,

school- and community-based interventions, including social skills training and peer-mediated programmes, aim to enhance social competence and emotional well-being. While these approaches recognise the importance of social context, they often prioritise behavioural conformity over psychological safety and autonomy. As a result, some interventions risk reinforcing camouflaging behaviours, which may temporarily improve social functioning but contribute to long-term emotional exhaustion and distress. Family-focused interventions, such as psychoeducation and parental support programmes, have also been implemented to improve mental health outcomes. These interventions play a critical role in enhancing understanding and reducing secondary stressors within the home environment. Nevertheless, they are frequently implemented in isolation from educational and community systems, limiting their overall impact.

Existing psychosocial interventions for autistic individuals with co-occurring mental health conditions encompass a broad range of therapeutic, behavioural and supportive approaches that vary in scope, setting and theoretical orientation. Cognitive-behavioral therapy (CBT) remains one of the most widely applied psychosocial interventions, particularly for anxiety and depressive symptoms. Adapted CBT programmes, including community-engaged models, have demonstrated effectiveness in reducing anxiety and improving adaptive functioning among autistic youth, highlighting the importance of contextual adaptation for real-world service delivery (Tschida et al., 2025). Evidence also suggests that CBT and related psychotherapeutic approaches can yield meaningful improvements in mental health outcomes for autistic individuals with intellectual disabilities, although treatment outcomes vary according to individual characteristics and service contexts (Hellerud et al., 2024).

In addition to CBT, behavioural interventions such as applied behaviour analysis and social skills training continue to be implemented to address disruptive or interfering behaviours and to enhance social communication. However, these approaches have been subject to increasing critique due to concerns about behavioural normalisation and insufficient alignment with neurodiversity-affirming principles (Graf-Kurtulus & Gelo, 2025). Contemporary perspectives emphasise the need to reframe psychosocial interventions away from compliance-driven outcomes towards approaches that prioritise psychological well-being, autonomy and meaningful participation (Brian et al., 2023; Graf-Kurtulus & Gelo, 2025). Integrated and supportive care models represent another important category of psychosocial intervention, particularly for autistic individuals with intellectual disabilities and severe co-occurring mental health conditions such as psychosis or schizophrenia. Multimodal interventions combining psychotherapy, psychoeducation and structured support have shown positive effects on symptom management and behavioural stability in these populations (Bakken et al., 2025; Bakken, 2025). Similarly, integrated psychological models developed for other neurodevelopmental conditions, such as the Mental Health Intervention for Children with Epilepsy, demonstrate the potential benefits of embedding mental health treatment within usual care pathways to improve emotional and behavioural outcomes (Bennett et al., 2024).

Recent research also underscores the growing importance of community-based and individually tailored interventions. Adaptations of evidence-based therapies for delivery in community settings aim to improve accessibility and sustainability, addressing longstanding gaps between research and practice (Tschida et al., 2025). From the perspective of autistic adults, effective mental health services are characterised by flexibility, individualised accommodations, respectful communication and practical support rather than rigid protocol-driven models (Andoni et al., 2024). Despite these advances, systemic challenges persist,

including limited workforce capacity, fragmented service systems and inadequate coordination across lifespan services (Maddox et al., 2021). Furthermore, methodological reviews indicate that existing intervention research often lacks diversity in participant characteristics, limiting the generalisability and equity of psychosocial intervention evidence (Dickson et al., 2022).

To contextualise the discussion of psychosocial intervention approaches, Table 3 summarises key categories of existing psychosocial interventions for autistic individuals with co-occurring mental health conditions. The table highlights the defining characteristics, primary target outcomes and representative sources underpinning each intervention type, reflecting the diversity of therapeutic, community-based and system-level strategies currently reported in the literature.

Table 3: Summary of Existing Psychosocial Interventions for Autistic Individuals with Co-occurring Mental Health Conditions

Intervention Type	Key Characteristics	Target Outcomes	Key Sources
Cognitive-behavioral therapy (CBT)	Adapted CBT; community-engaged delivery models	Anxiety reduction; improved adaptive functioning	Tschida et al. (2025); Hellerud et al. (2024)
Behavioural interventions	ABA, social skills training, behaviour-focused supports	Reduction of disruptive behaviours; social engagement	Brian et al. (2023)
Neurodiversity-affirming psychotherapy	Emphasis on autonomy, well-being, non-normalisation	Psychological well-being; self-acceptance	Graf-Kurtulus & Gelo (2025)
Integrated care models	Psychotherapy, psychoeducation, group-based and multidisciplinary care	Management of severe co-occurring conditions	Bakken et al. (2025); Bakken (2025)
Community-based interventions	Adaptation of evidence-based therapies for real-world settings	Accessibility; sustainability of services	Tschida et al. (2025)
Individualised and supportive services	Tailored accommodations; practical and relational support	Service satisfaction; mental health engagement	Andoni et al. (2024)
System-level service approaches	Workforce development; service coordination	Improved access and continuity of care	Maddox et al. (2021); Dickson et al. (2022)

According to Table 3, current psychosocial interventions vary substantially in their theoretical orientation, scope and level of contextual integration. While cognitive-behavioural and behavioural approaches remain prominent, there is a growing shift towards neurodiversity-affirming, individualised and integrated care models that emphasise well-being, autonomy and service accessibility. However, the variability in intervention focus and implementation underscores persistent challenges in translating evidence-based practices into sustainable, holistic support systems for autistic individuals with complex mental health needs.

3.2 Critical Discussion: Limitations of Existing Intervention Approaches

A critical limitation of current intervention models lies in their fragmented nature**.** Many interventions target either autistic traits or mental health symptoms, rather than addressing their reciprocal and cumulative effects. This separation fails to reflect the lived reality of autistic individuals who experience overlapping psychosocial challenges across multiple life domains. Furthermore, interventions often lack contextual grounding**.** Educational environments, particularly high-demand settings such as secondary schools or residential institutions, continue to prioritise academic performance over mental health support. The absence of

structured psychosocial frameworks within these environments exacerbates stress and undermines adaptive coping. Another key concern is the persistence of deficit-oriented narratives within intervention design. When interventions focus primarily on reducing "problem behaviours," they risk marginalising autistic identity and overlooking strengths-based approaches that promote resilience, self-determination and well-being.

Despite increasing recognition of mental health needs among autistic individuals, existing intervention approaches continue to demonstrate substantial limitations across clinical, systemic and implementation domains. A central concern is the limited availability of interventions that are sufficiently tailored to autistic individuals, particularly those with co-occurring mental health conditions. Evidence from first-person accounts highlights that many services prioritise modifying autistic traits rather than adapting therapeutic environments, communication styles and service structures to better support autistic needs (Andoni et al., 2024). Similarly, service delivery studies indicate that interventions offered in secondary mental health settings are often poorly aligned with the heterogeneous profiles of autistic adults, resulting in inconsistent engagement and suboptimal outcomes (Kullu et al., 2025; Maddox et al., 2021).

Provider-related constraints further restrict the effectiveness of existing interventions. Mental health professionals frequently report limited training, low self-efficacy and uncertainty in adapting psychotherapeutic approaches for autistic individuals with complex mental health profiles (Dreiling et al., 2022; Jubenville-Wood et al., 2024). Although initiatives aimed at improving workforce capacity have shown promise, such efforts remain unevenly implemented and insufficiently scaled, particularly in community-based settings where access gaps are most pronounced (Maddox et al., 2021). Systemic and structural barriers also pose significant challenges to intervention accessibility and continuity. Fragmented service systems, complex referral pathways and inequities related to socioeconomic status and ethnicity limit timely access to appropriate mental health care for autistic individuals and their families (Bouchard et al., 2025; Maddox et al., 2021). In some policy contexts, diagnostic exclusions further constrain service eligibility, complicating care pathways for individuals whose primary diagnosis is autism rather than a recognised mental health disorder (Battaglia et al., 2016). These barriers are particularly evident during critical developmental transitions, such as the shift from child and adolescent mental health services to adult services, where poor inter-service communication and lack of coordinated planning frequently undermine continuity of care (Tang et al., 2026).

Finally, existing interventions often struggle to address the complexity of severe co-occurring conditions. Evidence indicates that autistic individuals with intellectual disabilities and conditions such as schizophrenia require highly specialised, integrated approaches, yet current intervention models remain limited in scope and empirical validation (Bakken et al., 2025). Collectively, these limitations underscore the need for autism-informed, systemically integrated and equity-oriented intervention frameworks that move beyond individual-level symptom management to address broader psychosocial and structural determinants of mental health. Despite the availability of diverse psychosocial intervention approaches, growing evidence indicates that current practices are constrained by several structural, clinical and systemic limitations. Table 4 synthesises key limitation domains identified in the literature, outlining how gaps in intervention design, provider capacity, service organisation and policy alignment continue to undermine the effectiveness and accessibility of mental health support for autistic individuals.

Table 4: Key Limitations of Existing Intervention Approaches for Autistic Individuals

Limitation Domain	Description of Limitation	Implications for Practice	Key Sources
Intervention tailoring	Limited personalisation and insufficient environmental adaptation	Reduced engagement and therapeutic relevance	Andoni et al. (2024); Kullu et al. (2025)
Provider training	Low confidence and limited autism-specific expertise among clinicians	Inconsistent intervention quality	Dreiling et al. (2022); Jubenville-Wood et al. (2024)
Service accessibility	Fragmented systems and complex navigation pathways	Delayed or unmet mental health needs	Maddox et al. (2021); Bouchard et al. (2025)
Policy constraints	Diagnostic eligibility and funding misalignment	Restricted access to appropriate services	Battaglia et al. (2016)
Intervention effectiveness	Limited evidence for adult-focused and complex-condition interventions	Gaps in clinical guidance	Jubenville-Wood et al. (2024); Bakken et al. (2025)
Transitional care	Poor coordination between child and adult services	Disrupted continuity of care	Tang et al. (2026)

As illustrated in Table 4, current intervention approaches are characterised by persistent challenges related to limited personalisation, insufficient workforce capacity and weak service integration. These shortcomings diminish the practical relevance of interventions and hinder sustained engagement, while simultaneously reinforcing fragmented care pathways and poor continuity of support, especially during key transitional periods. Taken together, this evidence highlights the imperative to advance more flexible, autism-responsive and system-oriented intervention models that address not only individual therapeutic needs but also broader environmental and policy contexts shaping mental health outcomes.

3.3 Towards Holistic and Contextually Responsive Interventions

Addressing these limitations requires a paradigm shift towards holistic psychosocial intervention frameworks that integrate emotional regulation, social belonging and environmental adaptation. Such frameworks should move beyond symptom management to address systemic stressors, promote psychological safety and support adaptive functioning across educational, familial and community contexts. Interventions should also be developmentally informed, with particular attention to adolescence and emerging adulthood, periods during which mental health vulnerabilities often intensify. Incorporating autistic perspectives into intervention design is essential to ensure alignment with neurodiversity-affirming principles and to enhance intervention acceptability and sustainability.

Holistic and contextually responsive interventions are increasingly recognised as essential for addressing the multifaceted needs of autistic individuals, particularly given the interaction between mental health, social participation and environmental demands. Such approaches move beyond symptom-focused models by considering the individual within their broader ecological context, integrating psychological, social, physical and environmental dimensions of support. Multidisciplinary strategies have demonstrated promise in this regard. For example, animal-assisted therapy has been associated with improvements across multiple developmental and psychosocial domains among autistic individuals, indicating benefits that extend beyond isolated behavioural outcomes (Morales-Moreno et al., 2020). Similarly, augmented reality–based interventions offer tailored and immersive supports that address communication, social

interaction and sensory processing, reflecting a holistic integration of cognitive and contextual elements (Jacob & Pillay, 2024).

Family and community involvement further strengthen the effectiveness of holistic intervention models. Parent-implemented programmes emphasise the central role of caregivers in facilitating social communication and adaptive functioning, reinforcing the importance of family engagement as a core component of intervention design (Im-Bolter & de la Roche, 2023). At the community level, social prescribing approaches seek to connect autistic adults with health-enhancing community activities, although current evidence suggests that further evaluation is needed to determine their effectiveness and sustainability for this population (Featherstone et al., 2022). In parallel, naturalistic and contextually embedded interventions highlight the value of delivering support within everyday environments. Interventions that occur in natural settings promote meaningful participation in social life and learning, rather than isolating autistic individuals within artificial or segregated contexts (Liu et al., 2018).

Contextual responsiveness also requires sensitivity to broader social systems and cultural factors. Systems-based intervention models demonstrate that effective programmes must be aligned with the social, organisational and policy environments in which they are implemented, as contextual misalignment can undermine intervention impact (Reeders & Brown, 2021). Cultural responsiveness represents a critical yet underdeveloped dimension of holistic care, particularly for underserved populations. Evidence indicates that few autism interventions are systematically designed or adapted for Black/African American communities or for linguistically diverse populations, revealing persistent gaps in culturally responsive practice (Davis et al., 2025; Kim et al., 2017). Technological innovations further contribute to holistic support by shaping environments that reduce stress and enhance predictability. Home automation systems and affective computing technologies have been shown to complement behavioural interventions by creating supportive, low-demand environments tailored to individual needs (Konstantinidis et al., 2009; Morfini et al., 2023).

Despite their promise, holistic and contextually responsive interventions face notable implementation challenges. Barriers such as staff turnover, limited leadership support and insufficient time for training and planning constrain effective delivery, particularly in school and community mental health settings (Splett et al., 2022). Moreover, intervention outcomes are strongly influenced by contextual factors including geographical, socioeconomic and political conditions, underscoring the importance of situating intervention design and evaluation within local realities (Engdawork et al., 2024). Collectively, these findings highlight the need for intervention frameworks that are not only holistic in scope but also adaptive, culturally responsive and grounded in the contexts where autistic individuals live, learn and work.

4. Intervention Synthesis Framework

Figure 1 illustrates a synthesised psychosocial intervention framework that integrates autistic traits, psychosocial risk factors, mental health outcomes and intervention levels. The framework conceptualises co-occurring mental health conditions in autism as emerging from the dynamic interaction between individual neurodevelopmental characteristics and contextual stressors across educational, social and environmental domains. Psychosocial interventions are positioned as multi-level supports encompassing individual, relational and systemic components, rather than isolated clinical treatments. This framework emphasises the need for

holistic, contextually grounded and neurodiversity-affirming intervention approaches to promote psychological well-being and adaptive functioning.

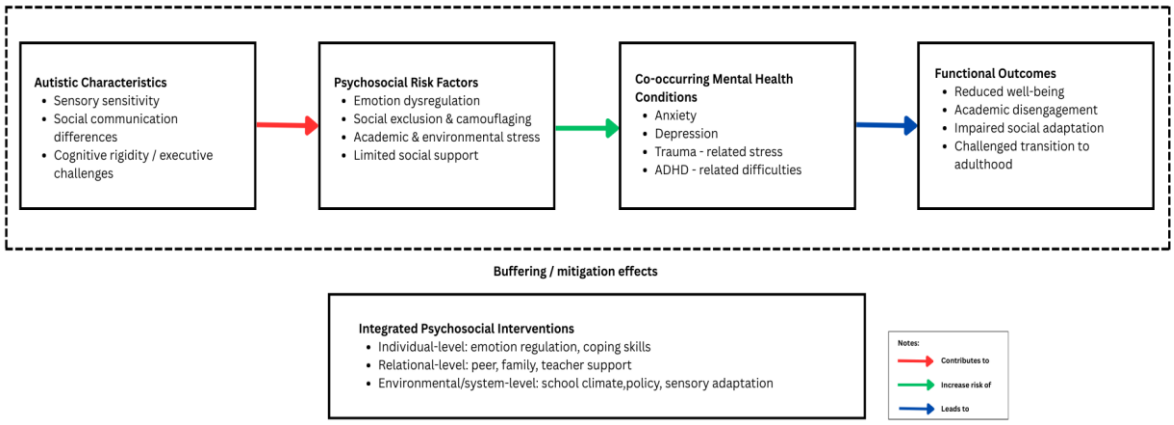

Figure 1: Synthesised psychosocial intervention framework

A synthesised psychosocial intervention framework for autistic individuals with co-occurring mental health conditions must be designed to address the complex and interrelated challenges experienced across cognitive, emotional, social and environmental domains. Central to this framework is the use of comprehensive assessment processes that consider both autistic characteristics and co-occurring mental health needs, alongside individual strengths, preferences and lived experiences. Such assessments should inform individualised intervention planning that actively involves autistic individuals, their families and relevant professionals, ensuring that supports are person-centred, meaningful and responsive to diverse needs and contexts.

Effective implementation of this framework requires strong multidisciplinary collaboration among professionals such as psychologists, psychiatrists, occupational therapists, speech and language therapists, educators and social workers. Through coordinated and ongoing interdisciplinary communication, interventions can be delivered in a cohesive manner that addresses multiple aspects of well-being simultaneously. The framework further emphasises holistic and contextualised intervention strategies that extend beyond symptom reduction to support emotional regulation, social participation and adaptive functioning. Interventions should be embedded within natural environments, such as home, school and community settings, to promote skill generalisation, reduce anxiety linked to unfamiliar contexts and enhance real-world relevance.

Family and community engagement constitute essential pillars of the framework, recognising the critical role of caregivers and social networks in sustaining psychosocial outcomes. Providing families with training, resources and ongoing support enhances intervention continuity beyond formal services, while community-based supports foster inclusion and social connectedness. Cultural competence and responsiveness are equally vital to ensure that interventions are accessible, respectful and equitable for individuals from diverse backgrounds. The integration of technology, including telehealth platforms, assistive communication tools and digital skill-building resources, further enhances accessibility and flexibility. Finally, continuous monitoring and evaluation are required to assess intervention effectiveness, inform

refinement and ensure long-term sustainability of the framework across varied settings and populations.

5. Implications for Research and Practice

It is important to synthesise the key insights emerging from the preceding discussion. The analysis demonstrates that psychosocial risks and co-occurring mental health conditions among autistic individuals are shaped by dynamic interactions between individual characteristics and contextual stressors. Current intervention approaches, while valuable, remain limited by their fragmented, symptom-focused and context-insensitive orientations. These limitations highlight the need for a conceptual reorientation towards integrative and multi-level psychosocial frameworks. Accordingly, the following sections outline the implications of this synthesis for future research and practical intervention development.

5.1 Implications for Research

The findings synthesised in this review highlight the need for a conceptual shift in autism and mental health research, moving away from fragmented, symptom-focused approaches toward integrative psychosocial models. Co-occurring mental health conditions should not be viewed as secondary or incidental, but as outcomes of ongoing interactions between autistic characteristics and psychosocial environments. Longitudinal research is particularly needed to examine how psychosocial risks and mental health difficulties develop and change across the lifespan, especially during adolescence and emerging adulthood, when vulnerability often increases.

Future research should also move beyond outcome-focused evaluations to examine intervention mechanisms. Many studies report symptom reduction without adequately explaining how or why interventions are effective for autistic individuals. Greater attention to mediating processes—such as emotion regulation capacity, psychological safety, sense of belonging and person–environment fit—would strengthen understanding of intervention effectiveness, durability and transferability across contexts. Contextual diversity remains another critical priority. The predominance of evidence from Western, high-income countries limits the applicability of existing intervention models across diverse cultural, educational and service systems. Research conducted in non-Western and Global South contexts is essential to inform culturally responsive and locally feasible psychosocial interventions. In addition, autistic individuals' perspectives must be meaningfully embedded within research processes. Participatory and co-designed approaches can enhance ethical rigor, ecological validity and alignment with neurodiversity-affirming principles.

Existing evidence consistently demonstrates that autistic individuals experience disproportionately high rates of co-occurring mental health conditions, including anxiety, depression, ADHD and conduct-related difficulties, which significantly exacerbate functional impairments and reduce quality of life (Lai et al., 2019; Matson & Williams, 2013; Rosen et al., 2018). While cognitive-behavioral therapy (CBT) and related psychosocial interventions show promise particularly for anxiety and depression substantial adaptation is required to accommodate autistic cognitive styles, communication differences and sensory sensitivities (Gealy & Racine, 2022; Linden et al., 2023; Pemovska et al., 2024). Notably, rigorously evaluated, low-intensity psychological interventions for depression remain scarce, with few randomised or feasibility trials targeting this condition in autistic populations (Russell et al., 2017).

Beyond clinical symptoms, psychosocial risk factors such as chronic stress, sleep disruption, sensory overload and circadian rhythm disturbances are increasingly recognised as key contributors to emotional dysregulation and psychiatric vulnerability in autism (Gernert et al., 2024). Restricted and repetitive behaviours frequently co-occur with anxiety, depression and ADHD, highlighting the interconnectedness of behavioural and psychiatric profiles (Stratis & Lecavalier, 2013). These challenges extend to families, as co-occurring psychopathology places significant strain on caregiver coping and family resilience (Menezes et al., 2021).

Despite growing awareness, intervention research and service delivery remain limited by homogenous samples, underrepresentation of diverse groups and difficulties translating evidence into community settings (Dickson et al., 2022; Maddox et al., 2021; Wainer et al., 2017). Workforce initiatives such as Project ECHO Autism show promise, but scalability and long-term impact require further study (Buranova et al., 2025; Dreiling et al., 2022). Collectively, these findings underscore the need for equity-focused, community-based and longitudinal research that strengthens intervention accessibility, sustainability and effectiveness across the lifespan (Maddox et al., 2021; Selten et al., 2025; Tafolla & Lord, 2024).

5.2 Implications for Practice

From a practice perspective, this review highlights the limitations of relying solely on individual-level clinical interventions to address mental health challenges among autistic individuals. Practitioners across educational, clinical and community settings should adopt multi-level psychosocial strategies that address emotional, relational and environmental factors simultaneously. Supporting mental health in autism requires not only therapeutic skill development but also the creation of psychologically safe environments that reduce chronic stressors and enhance adaptive functioning.

In educational contexts, schools should move beyond reactive mental health responses toward proactive, autism-informed psychosocial frameworks embedded in daily practice. This includes adapting sensory environments, fostering inclusive peer cultures and equipping educators with training in autism-informed mental health support. Such approaches are particularly critical in high-demand settings, including secondary schools and residential institutions, where cumulative stress can accelerate mental health deterioration. At the family and community levels, interventions should emphasise collaboration rather than fragmentation. Psychoeducation and support programmes should be aligned across school, clinical and community systems to ensure continuity of care. Importantly, strengths-based approaches that affirm autistic identity and capabilities should replace models focused primarily on behavioural normalisation.

Intervention practices must also be developmentally responsive. Adolescents and emerging adults with autism face distinct psychosocial challenges related to identity development, autonomy and life transitions. Mental health supports during this stage should prioritise self-determination, coping flexibility and transition planning rather than symptom containment alone. Policymakers and institutional leaders play a crucial role in enabling sustainable psychosocial interventions through investment in interdisciplinary collaboration, workforce training and inclusive policy frameworks. Without systemic commitment, even well-designed interventions risk remaining fragmented and inaccessible.

Autistic individuals commonly experience co-occurring mental health conditions, including anxiety, depression, ADHD and broader psychiatric challenges, which intensify psychosocial difficulties and service needs (Genovese & Ellerbeck, 2022; Reaven & Wainer, 2015). Emerging evidence also highlights heightened risk for severe mental health outcomes, underscoring the urgency of proactive and accessible supports (Ávila et al., 2025; Sazzed, 2026). Closing the implementation gap requires strengthening community-based service models, improving workforce readiness and addressing inequities in access and representation (Maddox et al., 2021; Linsao et al., 2023; Dickson et al., 2022). Routine care should prioritise context-sensitive, tailored psychosocial supports embedded within everyday settings (Brian et al., 2023; Hatch et al., 2023).

6. Conclusion

These findings highlight the urgent need to transform psychosocial interventions for autistic individuals with co-occurring mental health challenges. Existing approaches remain fragmented and often fail to account for the complex interactions between autistic traits, psychosocial risks and mental health outcomes. This review calls for a shift away from individualistic, symptom-focused models toward holistic, neurodiversity-affirming frameworks that integrate emotional, social and environmental dimensions of well-being. Autistic individuals experience disproportionately high rates of co-occurring mental health conditions, including anxiety, depression, ADHD and conduct-related difficulties, which substantially affect functioning and quality of life across the lifespan. These conditions do not occur in isolation but interact with core autistic characteristics in ways that intensify emotional distress, functional impairment and service needs. Co-occurring mental health difficulties should therefore be recognised as a central concern in autism research and practice rather than a secondary issue.

Psychosocial risks play a critical role in shaping mental health trajectories. Behavioural characteristics, family stress, caregiver coping capacity and broader environmental stressors collectively contribute to vulnerability and resilience across development. Despite growing awareness of these complexities, significant intervention gaps persist. Mental health services remain constrained by limited community-based supports, fragmented systems, workforce capacity challenges and inequities in access and representation. Diagnostic overlap further complicates timely identification and effective care. In conclusion, while progress has been made in understanding co-occurring mental health conditions in autism, persistent psychosocial and systemic gaps underscore the need for more comprehensive, accessible and equitable responses. Advancing integrated, community-implementable and developmentally informed psychosocial interventions is essential to promote well-being, inclusion and meaningful life participation across the lifespan.

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Conflict of Interest Statement
The author declares that there are no conflicts of interest regarding the publication of this study.

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