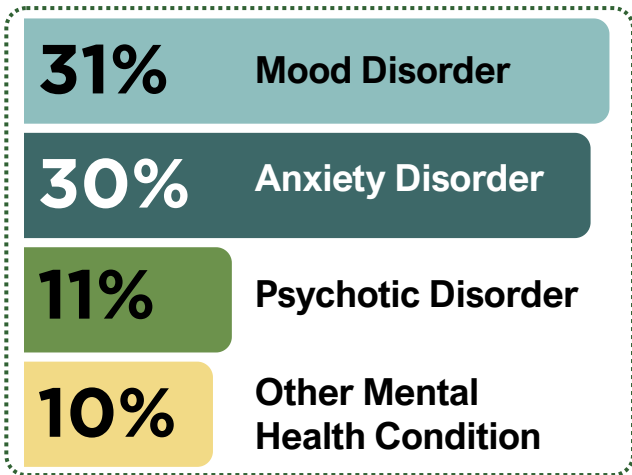


People with intellectual and developmental disabilities (IDD) have high rates of co-occurring **mental health (MH)** conditions, especially when compared to peers without disabilities. It is not yet known why people with IDD may have higher rates of co-occurring MH conditions, but we do know that people with IDD report having a hard time accessing quality mental health supports. In many states, services for behavioral health are separate from home and community-based services, and there is little coordination between the systems. In this brief, we use **NCI-IDD data from the 2023-24 In-Person Survey to look at which groups have high rates of co-occurring mental health conditions, and how these conditions are currently being supported.**

In 2023-24, 49% of all NCI-IDD respondents have a mental health condition

Mental Health Conditions

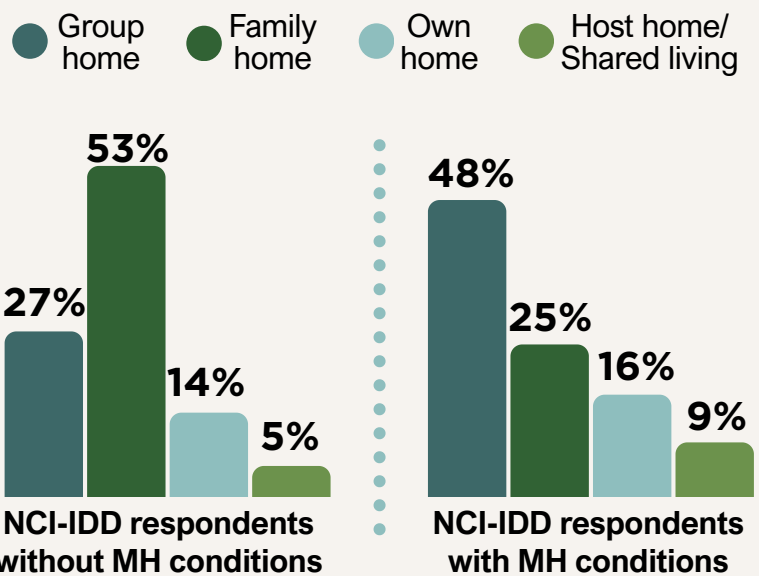


Across the participating states, **nearly 1 in 2 NCI respondents (49%) have at least one MH condition.** About 1 in 3 NCI respondents have a mood disorder and 1 in 3 have an anxiety disorder.

Some groups in the NCI-IDD sample have higher rates of mental health conditions. Understanding these differences is important as we work to improve supports across service systems.

People with co-occurring MH conditions are about half as likely as those without MH conditions to live with parents or relatives, and almost **two times more likely to live in group homes.** Those in family settings may lack access to providers that can diagnose MH needs.

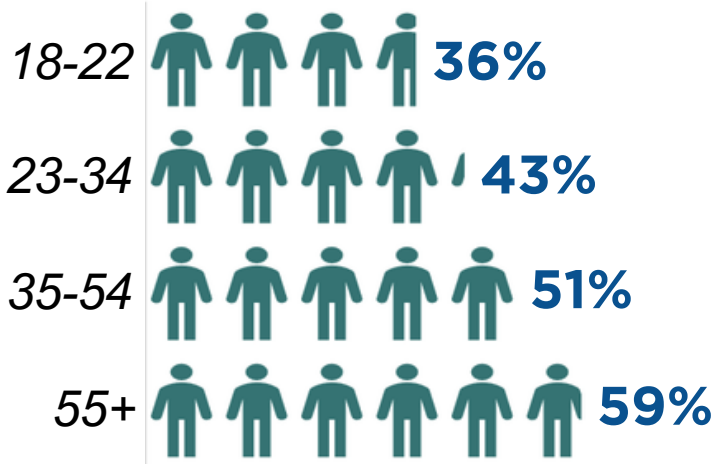
This data suggests the importance of training for group home staff on mental health supports, along with efforts to promote family supports such as respite and accessible mental health services.



NCI Data Brief: Co-Occurring Mental Health Conditions Among NCI-IDD Respondents

Rates of mental health conditions are highest for older adults with IDD

Rates of mental health conditions by age group



These data shows that prevalence of MH conditions rises with age, from **1 in every 3 young adults with IDD** (18-22 year olds) up to **3 in 5 older adults with IDD** (55+).

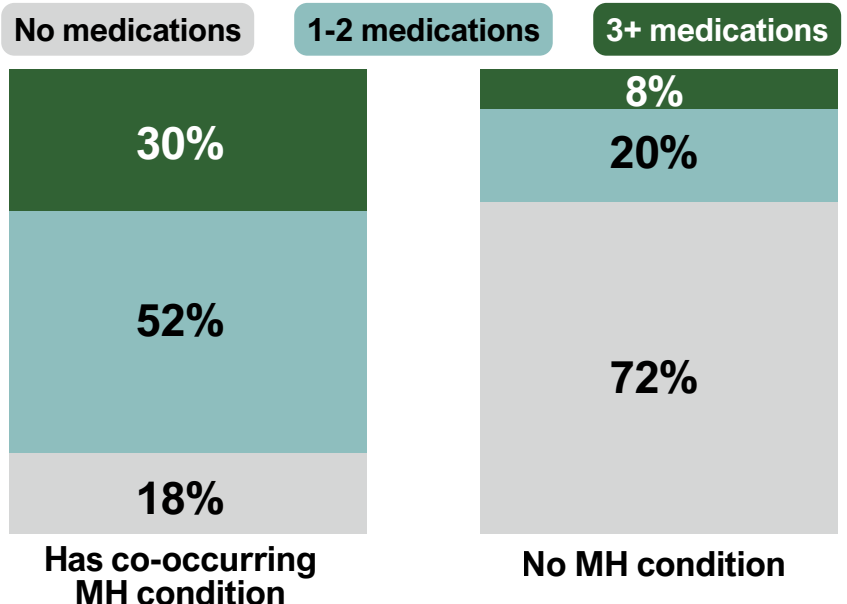
This pattern is likely influenced by many factors, such as access to appropriate services, transitions from school to adult services, interactions with healthcare systems, and community resources to support inclusion.

States can work with advisory groups to better understand supports needed to promote optimal mental health across the lifespan.

Mental health supports rely heavily on the use of MH medications

Among those with MH conditions, **82% take at least one medication for MH conditions**, with nearly 1 in 3 people (30%) taking 3 or more MH medications.

Among those with no MH conditions, **more than 1 in 4 take at least one medication for MH conditions**.



Notably, there are major differences in rates of medication use based on where people with IDD live. **Among those with MH conditions who live in group homes, 87% take at least 1 MH medication**, compared to 75% of those with MH conditions who live in their parent or relative's home.

Questions or comments? Email us: nci@nationalcoreindicators.org

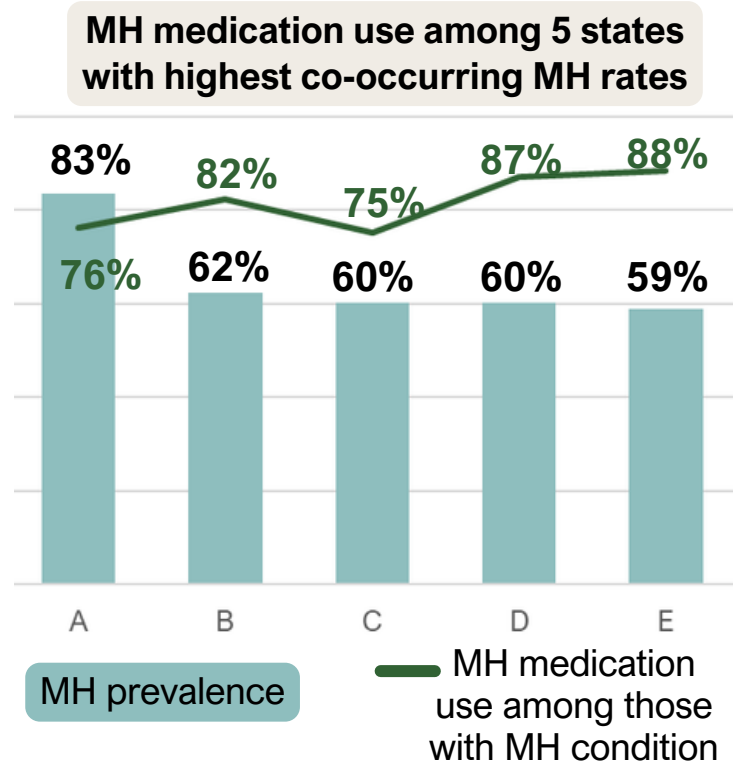
NCI Data Brief: Co-Occurring Mental Health Conditions Among NCI-IDD Respondents

Rates of mental health conditions and use of mental health medications varies widely by state

Across states, rates of co-occurring mental health conditions vary dramatically, from as low as 33% to as high as 83%.

Likewise, there is a great deal of variability in the use of mental health medications across states. Among states with data for at least 75% of sample, rates ranged from as low as 26% to as high as 57%.

The figure to the right shows the rates of MH conditions and use of MH medications (among those with MH conditions) in the 5 states with the highest rates of MH conditions. **Across states with the highest rates of MH diagnosis, medication use is also high.**



Conclusion

There is wide variation in MH condition rates across states, as well as within states across different residence types. In addition to looking at how people with co-occurring MH conditions differ from peers, states should use NCI data to understand whether appropriate supports are being provided to people.

In particular, states can use these findings to:

- Prioritize consistent identification of mental health conditions
- Expand access to non-pharmacological supports, and
- Explore the support needed to promote optimal mental health and restorative environments across the lifespan
- Engage with existing MH system resources (e.g., CCHBCs) to work together to build capacity for more accessible MH treatments and services

Future research should examine the connection between quality of life and quality of supports with mental health outcomes. Having the opportunity to make choices about your life and being respected can be an important predictor of better mental health.

Suggested citation

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About This Collaboration

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The Link Center

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