



BOSTON COLLEGE
School of Social Work



Black Autistic Youth and Mental Health: Understanding Intersectionality, Risk, and Support

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Presentation Agenda

1. **Autism and Intersectionality**
2. **Autism and Mental Health**
3. **Depression & ADHD in Autistic Youth**
4. **Black Autistic Youth and Mental Health**
5. **Strategies for Support**

Poll: Who's Here

1. Parent or Family Member

2. Community Advocate

3. Specialist/Practitioner

4. Educators

5. Researcher

6. Self-Advocate



Autism and Intersectionality



Racial Identities and Intersectionality

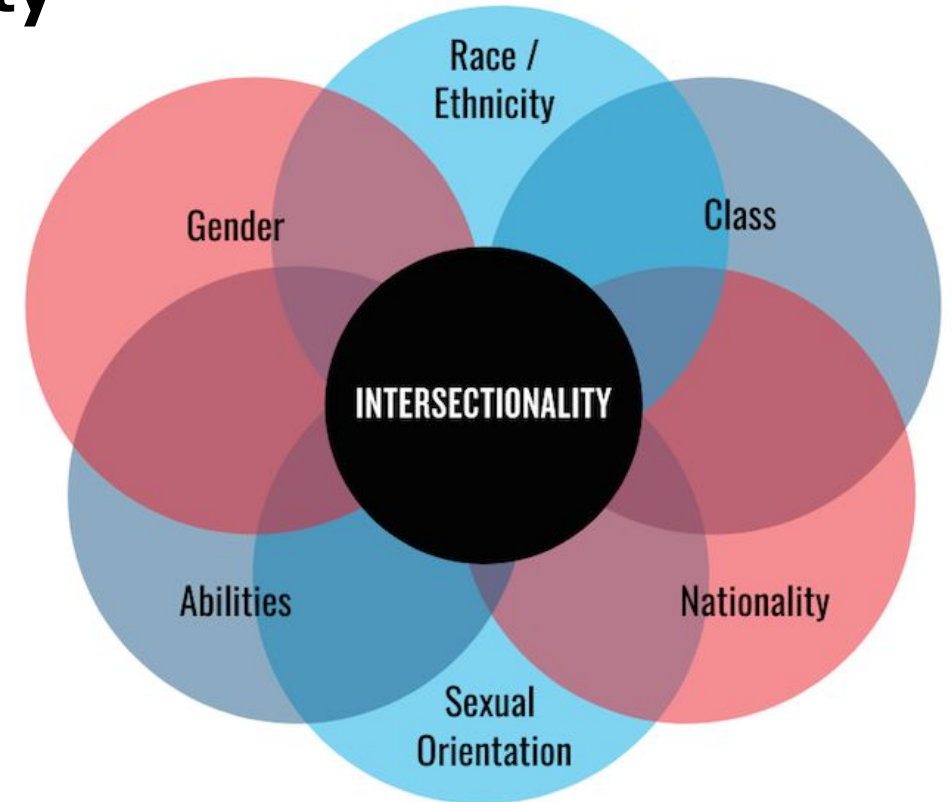
Intersectionality: Understanding how different forms of inequality tied to who people are affect each other in various contexts and over time.



Greater Consideration of the Interconnectedness of Identities



Viewing individuals in their **“whole context.”**



What does it mean to be Black + Autistic?



What is Autism?

Neurological Developmental Disorder that affects how people **interact** with others, **communicate, learn, and behave.**

Developmental Disorder

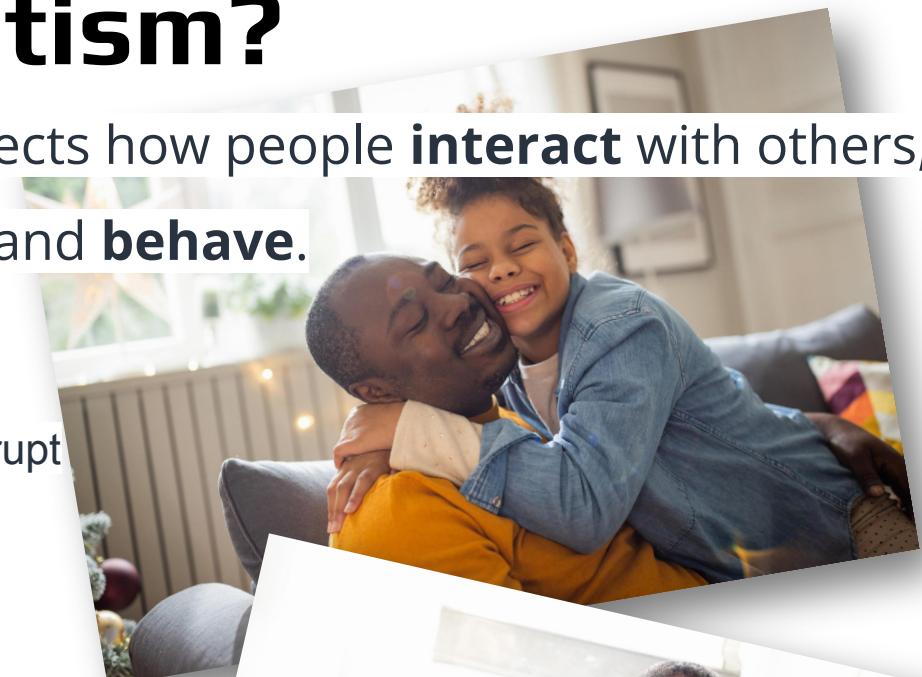
- Symptoms generally appear in the first 2 years of life and interrupt traditional development
- Sometimes symptoms aren't identified until later in life

Ranges from Mild to Severe Traits

Level 1: requiring support

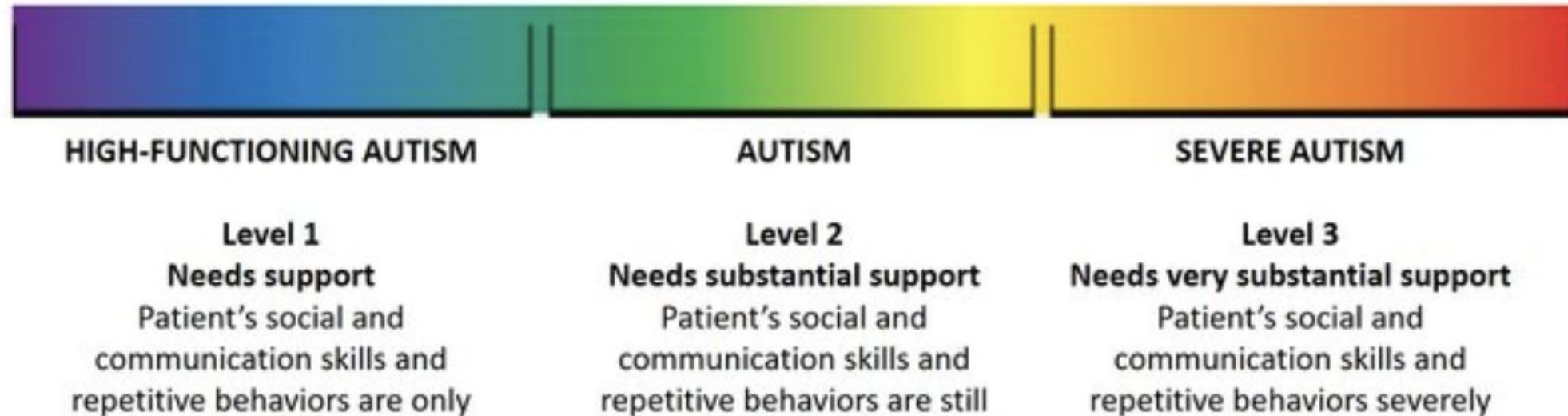
Level 2: requiring substantial support

Level 3: requiring very substantial support





Autism **SPECTRUM** Disorder





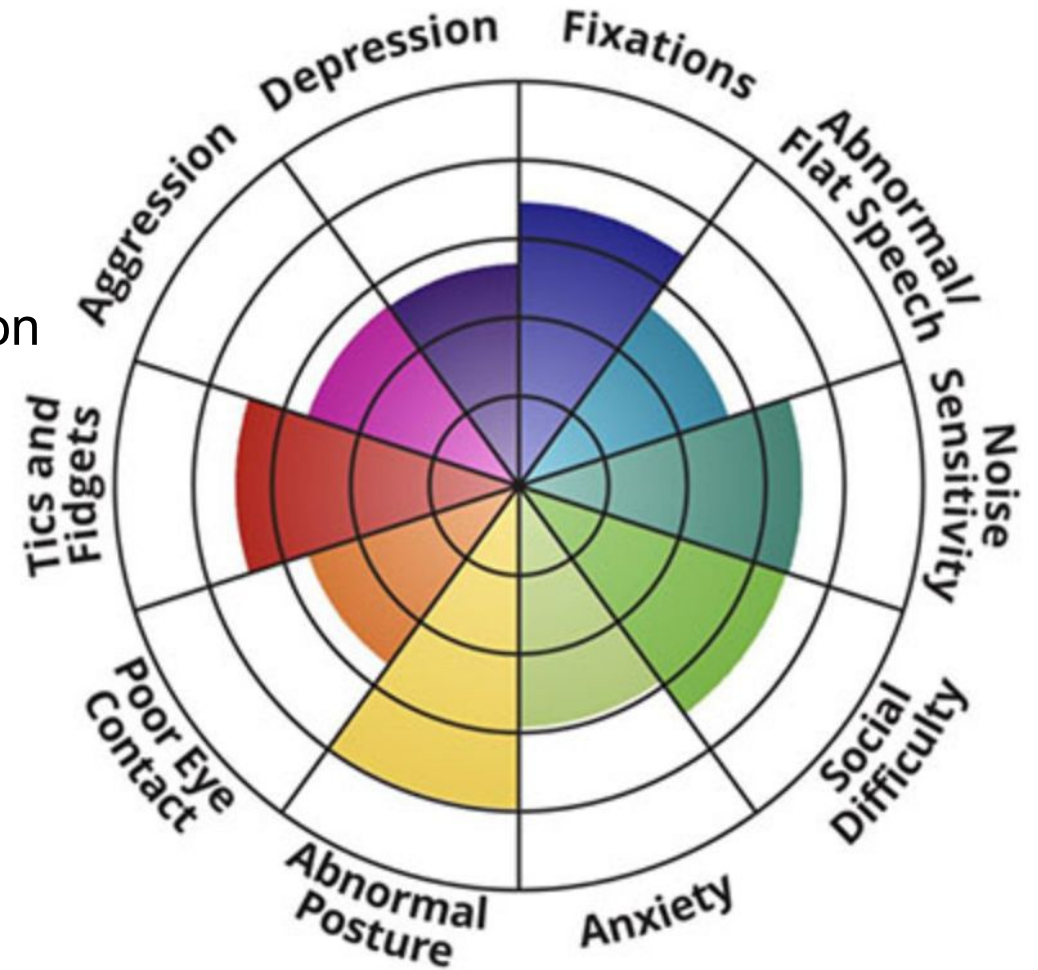
Characteristics of Autism

Primary characteristics of ASD

1. Poorly developed social skills
2. Difficulty with expressive and receptive communication
3. The presence of restrictive and repetitive behaviors.

Secondary characteristics of ASD

1. Unusual response to sensory stimuli
2. Difficulties with changes in surroundings
3. Stronger visual processing



Biological and Social Aspects of Autism Spectrum Disorder



Considering Context for Black People

- **Greater rates of symptoms** vs. formal diagnosis
- **Lower mental health service use** for Black populations
- **Greater emergency room use** for mental health crisis
- **Higher rates of behavioral disorder Dx** vs. Mood Disorder Dx
- **Underrepresented** in mental health and autism research

Brief Report: Initial Evidence of Depressive Symptom Disparities among Black and White Transition Age Autistic Youth

Ed-Dee G. Williams¹  · Matthew J. Smith¹ · Kari Sherwood^{1,2} · Temple S. Lovelace³ · Lauren Bishop^{4,5}

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Missing from the Narrative: A Seven-Decade Scoping Review of the Inclusion of Black Autistic Women and Girls in Autism Research

Temple S. Lovelace¹  · Mary P. Comis¹ · JoVonne M. Tabb¹ · Olajumoke E. Oshokoya¹

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A collection of colorful wooden blocks in various shapes (crosses, L-shapes, rectangles) scattered on a wooden surface. The blocks are in shades of purple, blue, green, orange, red, pink, yellow, grey, brown, and tan. The text "Autism and Mental Health" is overlaid in white, centered on the image.

Autism and Mental Health



Mental Health Co-Occurrence

Co-occurrence is the presence of **one or more** mental health disorders **alongside autism**

Co-occurrence was ignored/until the early to mid-2000's

- Improvement in diagnostic criteria
- Changes in classification
- Growth of the Neurodiversity Movement

Overlap Between Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorder: Searching for Distinctive/Common Clinical Features

[Francesco Craig](#)¹, [Anna Linda Lamanna](#)¹, [Francesco Margari](#)², [Emilia Matera](#)¹, [Marta Simone](#)¹, [Lucia Margari](#)¹

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PMCID: PMC4654237 PMID: [25604000](#)

Psychiatric Disorders in Children With Autism Spectrum Disorders: Prevalence, Comorbidity, and Associated Factors in a Population-Derived Sample

EMILY SIMONOFF, M.D., F.R.C.PSYCH., ANDREW PICKLES, Ph.D., TONY CHARMAN, Ph.D., SUSIE CHANDLER, Ph.D., TOM LOUCAS, Ph.D., AND GILLIAN BAIRD, F.R.C.P.C.H.

ABSTRACT

Objective: Autism spectrum disorders are now recognized to occur in up to 1% of the population and to be a major public health concern because of their early onset, lifelong persistence, and high levels of associated impairment. Little is known about the associated psychiatric disorders that may contribute to impairment. We identify the rates and type of psychiatric comorbidity associated with ASDs and explore the associations with variables identified as risk factors for child psychiatric



Overlooking Mental Health Co-Occurrence

Overlapping symptoms

Compulsive/Repetitive behaviors

Difficulties in emotion regulation

Variation and non-traditional sleep/eating

Sensory sensitivities

Intentional social isolation

Fallacy of Emotional Apathy

False assumption that autistic individuals don't feel deeply

Difficulties with communicating complex feelings

Limited Diagnostic tools

Communication differences limit diagnostics

Differences in cultural expressions

Limited understanding of mental health challenges in ASD population

Racial bias

symptom recognition and misdiagnosis

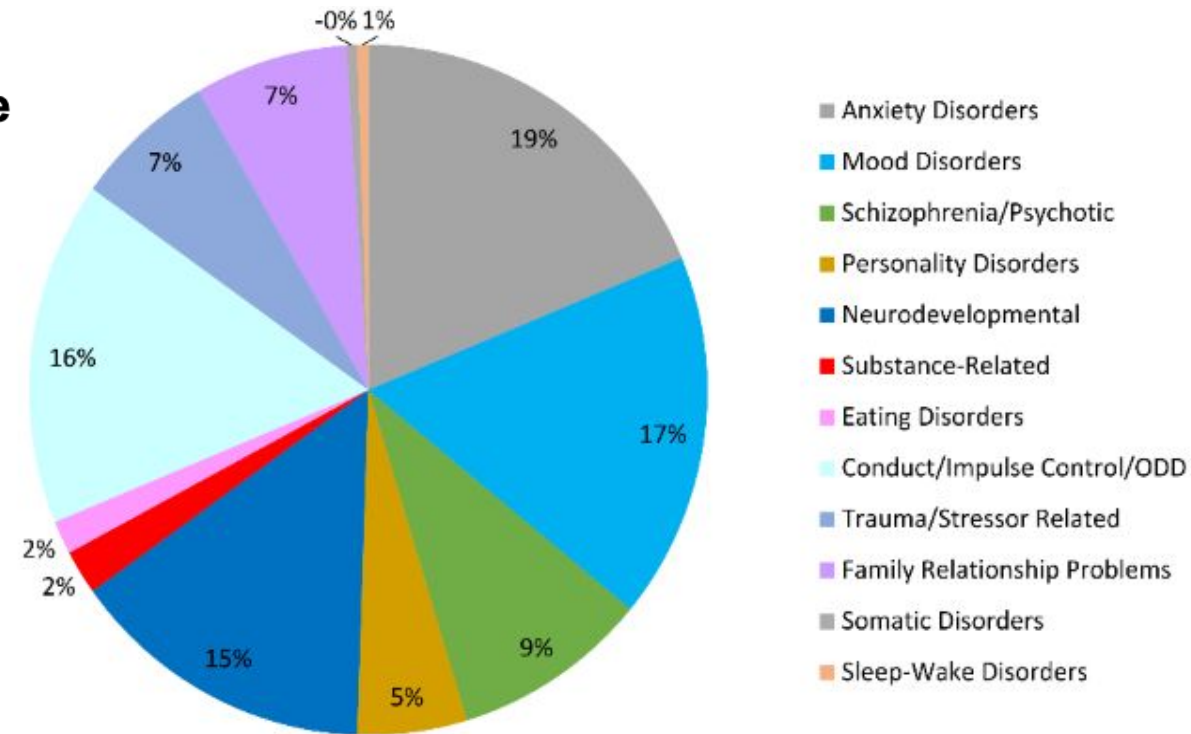
Negative behavioral perceptions



Trends in Autism and Mental Health Co-Occurrence

Co-occurrence is the presence of **one or more** mental health disorders **alongside autism**

- **≈70%** of autistic individuals are diagnosed with **at least one** co-occurring disorder
- Roughly 50% were diagnosed with multiple co-occurring mental health conditions.
 1. Attention Deficit/Hyperactivity Disorder
 2. Anxiety
 3. Depression
 4. Obsessive Compulsive Disorders
 5. Bipolar Disorders



Source: Kriegel et al., 2023



Behavioral Disorders

— A condition that affects an individual's ability to regulate their behavior in socially acceptable ways.

- Attention-Deficit/Hyperactivity Disorder (ADHD):** Characterized by inattention, hyperactivity, and impulsivity.
- Oppositional Defiant Disorder (ODD):** Involves a pattern of angry, irritable mood, argumentative/defiant behavior, or vindictiveness.
- Conduct Disorder:** Includes more severe behaviors such as aggression toward people or animals, destruction of property, deceitfulness, or theft.

Mood Disorders

— A condition that affects a person's emotional state, causing significant disturbances in mood, ranging from extreme sadness to excessive happiness.

- Major Depressive Disorder (MDD):** Characterized by prolonged periods of intense sadness, hopelessness, and a lack of interest or pleasure in activities.
- Bipolar Disorder:** Involves alternating episodes of depression and mania (extreme euphoria, energy, and sometimes irritability).
- Dysthymia (Persistent Depressive Disorder):** A chronic form of depression with less severe but longer-lasting symptoms than major depression.
- Cyclothymic Disorder:** A milder form of bipolar disorder with less severe mood swings.



Depression & ADHD in Autistic Youth



Increased rate of depression among autistic youth

- 20-28% of autistic youth report **clinical levels of depressive symptoms**
- The lifetime and current prevalence of depressive disorders in autistic individuals is around 14.4 % and 12.3 %, respectively

Growing rate of suicide among autistic youth

- Autistic youth **10x more likely** to die by suicide
- ASD is an independent risk factor for suicide in later life

Signs of depression and suicide are often overlooked

- Deficits in social communication and emotional expression
- Difficulties in expressing depressive symptoms and mental health needs

Autism and Depression

Signs of Depression in Autistic Youth



Traditional Depression Symptoms

- Persistent sadness or low mood
- Loss of interest in activities
- Changes in sleep patterns
- Changes in appetite
- Feelings of worthlessness or guilt

ASD Specific Symptoms

- Physical and mental fatigue
- Shutdowns or meltdowns
- Heightened Emotional Sensitivity
- Self-injurious behaviors



What is ADHD?

Attention Deficit Hyperactivity Disorder is a **neurodevelopmental** disorder with a combination of persistent symptoms of **inattention**, **hyperactivity**, and **impulsivity**.

Inattention and Executive Functioning

- Difficulty focusing on tasks or activities.
- Easily distracted by external stimuli.
- Forgetfulness in daily activities.
- Trouble organizing tasks and activities.
- Avoiding tasks that require sustained mental effort.

Hyperactivity

- Fidgeting or squirming in seats.
- Inability to stay seated
- Excessive talking or interrupting others.
- Difficulty waiting for their turn.

Impulsivity

- Acting without thinking
- Difficulty waiting for their turn
- Quickly switching between unfinished tasks



Social determinants of Mental Health

- Socioeconomic Status
- Neighborhood and Physical Environment
- Social Support Networks
- Education
- Employment and Working Conditions
- Access to Health Services
- Discrimination and Social Exclusion
- Cultural Factors

> [Sci Rep.](#) 2026 Jan 8;16(1):4617. doi: 10.1038/s41598-025-34696-8.

Racial disparities in depression and mental health service use among black and white autistic adults

Ed-Dee G Williams¹, Shalini Sivathasan², Nicole Anthony³, Shaun M Eack⁴,
Carla A Mazefsky⁵

Affiliations + expand

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<https://doi.org/10.1177/1362361320908101>



Mental Health Across the Lifespan

Socio-emotional determinants of depressive symptoms in adolescents and adults with autism spectrum disorder: A systematic review

Isaac C Smith ¹ and Susan W White²

Black Autistic Youth: Disparities and Risk

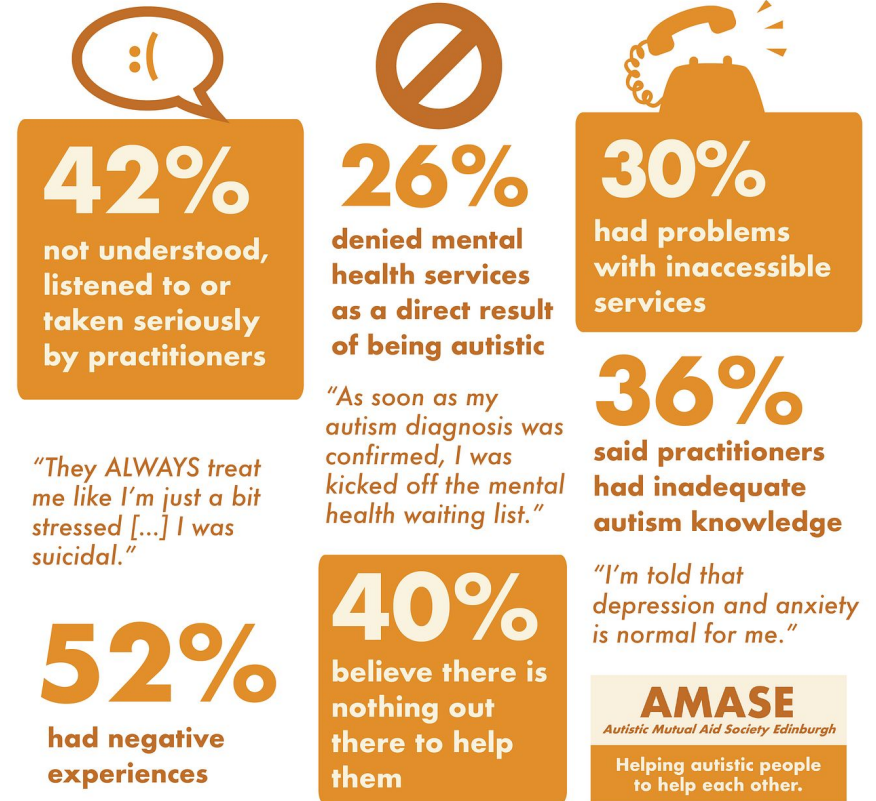
BLACK
WITH
AUTISM





Lack of support for mental health reflects long-standing systemic problems

- **Less than 25%** of autistic youth in need of psychological therapeutic services report receiving them
- Professionals often **lack the required resources and training** to provide effective support.
- Autistic individuals often **struggle to access care and face multiple barriers** to benefitting from treatment
- **Minoritized and marginalized identities** exacerbate barriers and difficulties with mental health for autistic individuals



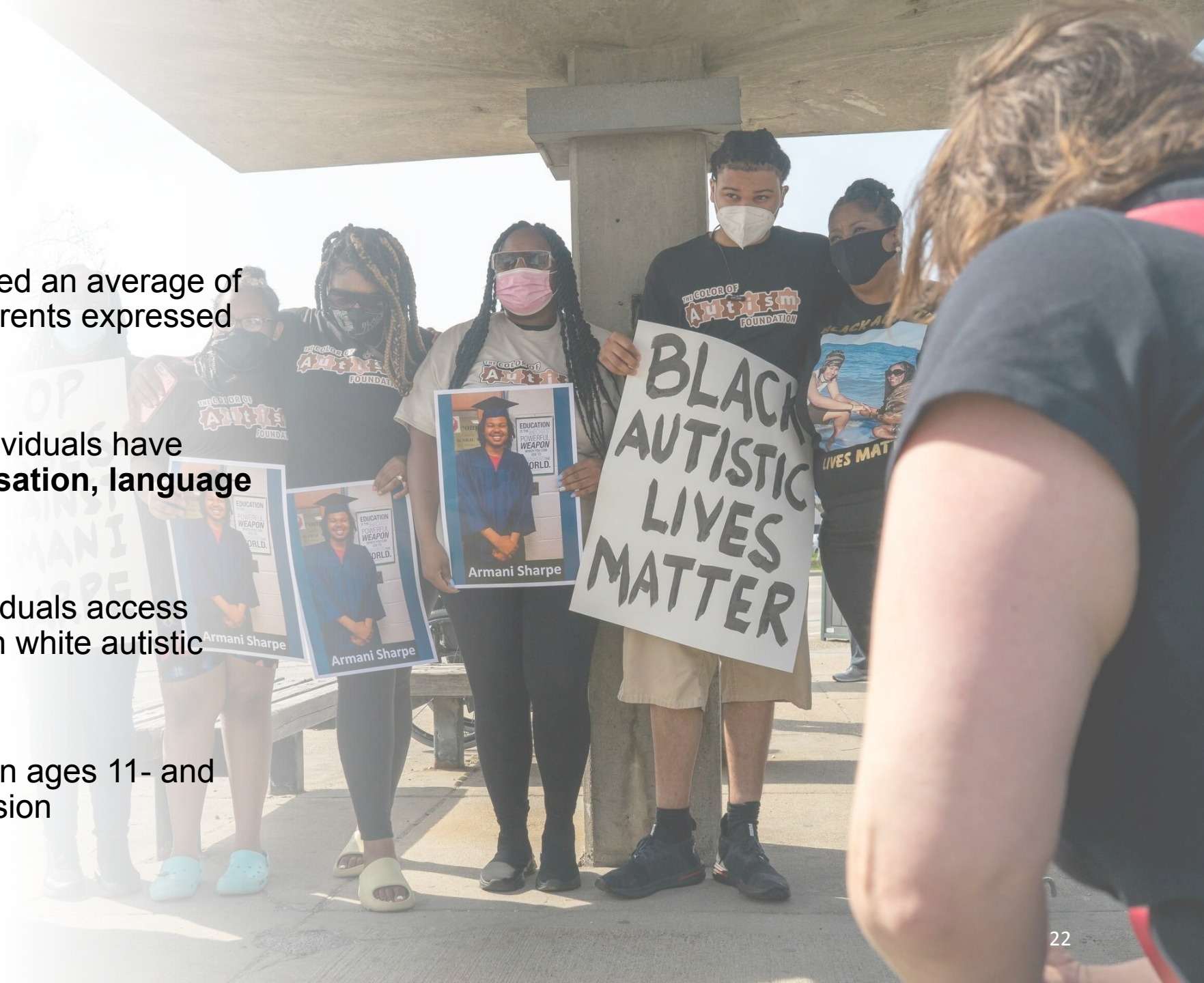
"They ALWAYS treat me like I'm just a bit stressed [...] I was suicidal."

"As soon as my autism diagnosis was confirmed, I was kicked off the mental health waiting list."

"I'm told that depression and anxiety is normal for me."

Black & Autistic

- Black autistic youth are diagnosed an average of more than **3-years** after their parents expressed concerns.
- Nearly 25% of Black autistic individuals have **significant issues with conversation, language and social skills**
- On average, Black autistic individuals access mental health services later than white autistic youth.
- 20-28% of autistic youth between ages 11- and 17 years old experience depression



The “Dual Masking Phenomenon”

(Benedetto 2024)

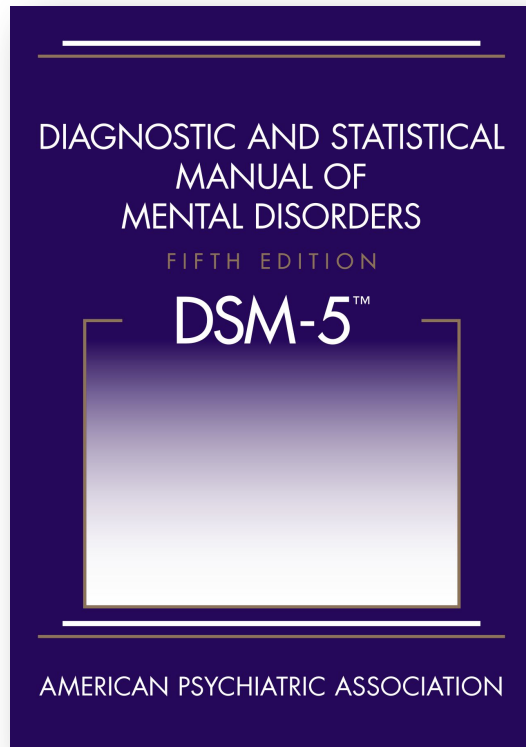
The **combination** of being **Black in a racist society** and **autistic in an ableist society** creates an intersection of unique marginalization and coping behaviors

- Black autistic individuals often use two strategies to fit in:
 - **Masking/Camouflaging:** Changing their behavior to blend in with non-autistic people
 - **Code-Switching:** Changing their identities to act like White people



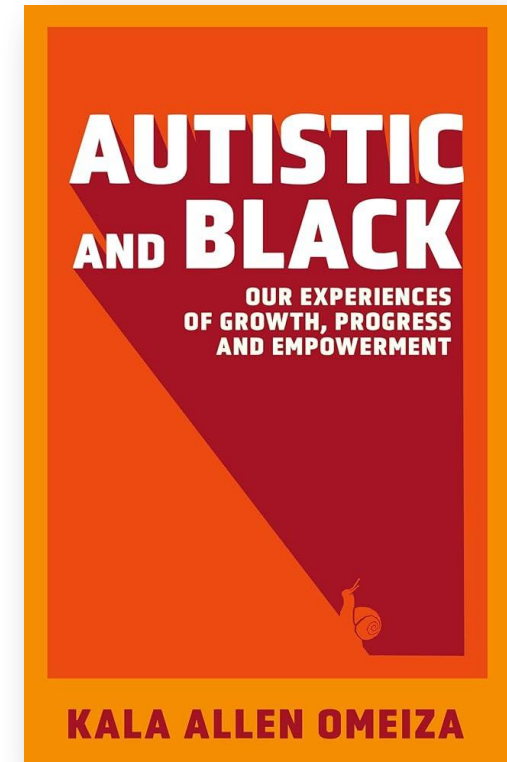


Misdiagnosing Black Youth



Initial Primary Diagnosis

- Reactive Attachment Disorder
- Conduct Disorder
- Oppositional Defiant Disorder
- Labeling and defining without a diagnosis
- Cognitive “Special Needs”
- Incurrable or “Bad Kid”





Attention Deficit Hyperactivity Disorder in Black Youth

- Approximately **14% of Black children and youth under 18** have been diagnosed with ADHD.
- Black children are more likely to **receive their ADHD diagnosis later** than White children.
- Behaviors associated with ADHD in Black children are sometimes **misinterpreted as defiance** or behavioral issues, leading to misdiagnosis or missed diagnosis.
- Black youth with ADHD are at **increased risk of:**
 1. Dropping out of school
 2. Experiencing negative police interaction
 3. Struggling with consistent employment
 4. Substance abuse/misuse



ADHD in Black Autistic Youth

Currently, there is no formal representative data on the rate of Black Autistic youth and ADHD.

Studies have reported **underdiagnosis** with a **high prevalence of symptoms**

- Explosive behavior
- Impulsivity
- Difficulties with adaptive functioning

Racial Bias, Social Stigma, and low mental health literacy are associated with

- Lower diagnosis
- Limited access to services for Black families.





Strategies for Support



The Role of Parents and Families

Families notice first

Parents often detect early shifts in mood, behavior, and daily functioning.

Concerns are too often dismissed

Minimizing family reports can delay diagnosis and support—impacting long-term well-being.

Advocacy is necessary

Families are experts on their children and key partners across education, healthcare, and mental health systems.





Family Strategies: Mental Health Literacy

Different presentations

Depression and ADHD may look different in autistic youth, especially with communication differences.

Watch for non-traditional distress

Shutdowns, meltdowns, irritability, withdrawal, fatigue, or loss of interest can signal emotional pain.

Behavior communicates needs

Shift from blame to understanding unmet needs—then seek support at home and in school.

Family Advocacy & Documentation

Trust your instincts and lived experience

When concerns are dismissed as “behavioral” or “situational,” families can keep centering what they see day to day.

Document patterns over time

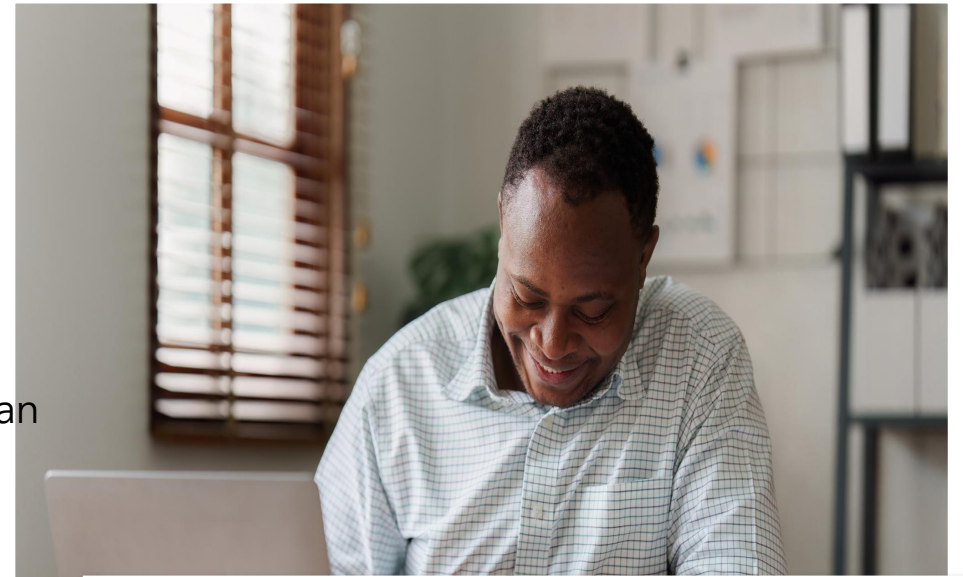
Track early developmental concerns, emotional shifts, triggers, school changes, and what helps—notes strengthen requests for evaluation.

Push for comprehensive assessment

Advocate beyond narrow or punitive labels toward evaluations that consider autism, mood, ADHD, and environmental stressors together.

Normalize mental health conversations

Reduce stigma by talking openly about stress and emotions—encouraging help-seeking early.





A Needed Shift for Practitioners

Shift from behavior-first to emotion-first

Ask what the behavior is communicating and what stressors may be contributing, rather than how to control or correct it.



Recognize pain, trauma, and unmet needs

Avoid interpreting actions as defiance or noncompliance; prioritize emotional context and lived experience.

Improve assessment and reduce harm

Reframing behavior as meaningful communication supports compassionate care and earlier identification of mental health needs.

Practitioner Strategies: Diagnostic Practices

Avoid diagnostic “defaults”

Do not jump to Oppositional Defiant Disorder or Conduct Disorder without fully evaluating autism, mood disorders, and ADHD.

Center culture and communication

Interpret behavior within cultural context and communication differences to reduce racialized misreadings of affect, tone, or distress.

Use multiple informants

Combine input from families, educators, and youth, not one setting alone, to reduce misdiagnosis and align supports with real needs.



Partnering With Families



Families as collaborators

Position families as partners in decisions, not barriers to care.

Name structural barriers

Acknowledge transportation, insurance limits, and service access when engagement is difficult.

Engage the community to build trust

Partner locally to make services relevant and responsive—supporting quality care and reducing inequities impacting Black families.



Key Takeaway s

Overlap is common: Autism, mood disorders, and behavioral challenges often intersect—careful assessment is essential.

Racism and ableism shape care: They influence whether needs are recognized and how support is delivered, driving disparities.

Misunderstanding causes harm: Mislabeled or dismissed mental health concerns can worsen outcomes and increase risk.

Center intersectionality: It strengthens understanding and supports systemic, culturally responsive approaches for Black autistic youth.



What Parents, Caregivers & Practitioners Can Do

1. Combine improved Mental Health Literacy with sociocultural relevance.
 2. Community Engagement to gain an in-depth understanding
 3. User/Person-centered approaches to treatment and support
 4. Community involvement in research and advocacy
 5. Challenging our and others' understanding of autism and ADHD
- Developing modified Cognitive Behavioral Therapies
 - Technology-Based Interventions
 - Expanded Peer-Support Programs
 - Identity and context-specific supports

Journal of Autism and Developmental Disorders (2024) 54:4465–4480
<https://doi.org/10.1007/s10803-023-06166-5>

ORIGINAL PAPER

Racial and Practical Barriers to Diagnostic and Treatment Services for Black Families of Autistic Youth: A Mixed-Method Exploration

Harlee Onovbiona¹ · Lauren Quetsch¹ · Rebecca Bradley¹

Journal of Autism and Developmental Disorders (2024) 54:409–422
<https://doi.org/10.1007/s10803-022-05816-4>

ORIGINAL PAPER

Autistic-Delivered Peer Support: A Feasibility Study

Lindsay L. Shea¹ · Mi-Yeet Wong¹ · Wei Song² · Katy Kaplan³ · Disha Uppal¹ · Mark S. Salzer²



Key Takeaways

Autism, Mood disorders, and Behavioral disorders **overlap with multiple** characteristics

Although there is a high rate of co-occurrence, **little is known** about Black autistic youth and mental health challenges

stigma, shame, misdiagnosis, and **lack of culturally competent care** are key barriers to adequate mental health support

Advocate for increased awareness, **better training** for educators and healthcare providers, and **more research** focused on the intersection of race, autism, and mental health.



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Questions

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