Mental Health Strategies for College Students with Intellectual Disability: A Scoping Review

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Abstract

Accessing mental health support in college presents distinct challenges for students with intellectual disability enrolled in postsecondary education (PSE) programs. Common barriers include inconsistent access to campus counseling services, dependence on PSE program staff for help during stressful situations, and insufficient staff training to effectively address students' mental health concerns. Even when university or community counseling is available, emerging adults with intellectual disability often struggle to find providers who are knowledgeable and equipped to meet their specific and often nuanced needs (Ee et al., 2022; Whittle et al., 2018). Researchers conducted a scoping literature review to identify effective strategies to meet the mental health needs of adults with intellectual disability published within the past decade, to provide information that can be used to prepare both PSE program staff and college-based mental health counselors to meet the needs of this growing student population.

Keywords: intellectual disability, mental health, inclusive higher education, counseling

Mental health concerns for emerging adults have increased significantly in the past decade. The *National Survey on Drug Use and Health* (*N*= 611,880), a nationally representative sample of adolescents and adults, identified a drastic rise in mental health disorders for young adults aged 18-25, with no parallel increase in adults over 26 years old (Twenge et al., 2019). Emerging adulthood is categorized as a distinct period of human development between adolescence and young adulthood encompassing the late teens to the 20s when identity exploration is typically prioritized (Arnett, 2000). Emerging adulthood often includes the pursuit of postsecondary education.

As more young adults pursue higher education, attention has increasingly turned to the experiences of students with disabilities, particularly those with intellectual disability. In the past two decades, there has been a significant increase in the number of postsecondary education (PSE) programs for emerging adults with intellectual disability at college and university campuses in the United States (Grigal et al., 2024). While the number of students with intellectual disability on college campuses continues to grow, so does the concern around effectively addressing the number of college students struggling with mental health disorders, including those with unique needs related to their disability. Researchers in the field have long understood the prevalence of comorbid mental health concerns for people with intellectual and developmental disabilities (Mazza et al., 2020; White et al., 2005; Whitney et al., 2019). These mental health diagnoses often include anxiety, depression, and other behavioral disorders (Whitney et al., 2019). Reichard and colleagues (2019) estimate the rates of co-occurring mental health conditions in adults with intellectual disability may be as high as 59%.

Given these statistics, the intersection of emerging adulthood, higher education, and disability highlights a critical need for tailored strategies. The growing prevalence of mental health needs among emerging adults coupled with what is known about the ubiquity of mental health issues for emerging adults with intellectual disability indicate a need for strategies validated to support mental health for this population.

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However, current research shows that adults with intellectual disability may not be receiving adequate mental health care (Lineberry et al., 2023). Ee and colleagues (2022) found in their systematic review of 14 relevant studies, that mental health professionals often felt concerned about their level of training and preparedness to work with people with intellectual disability and recognized the exigency for specialized training, resources, and support to effectively meet the needs of this group.

A lack of preparation among professionals is compounded by systemic and historical barriers faced by people with intellectual disability. In addition to many mental health professionals being inadequately trained to support individuals with intellectual and developmental disabilities (Feather & Carlson, 2019), efforts to develop targeted services and strategies for this population have been limited, largely due to a lack of recognition of their mental health needs in primary care settings (McCarthy & Boyd, 2002). Due to inherent ableism in society and the resulting history of exclusion from everyday life, individuals with intellectual disability have often been over-protected and infantilized, and opportunities to participate in typical experiences in non-segregated environments are often withheld. Kramer and colleagues (2019) found that young adults with intellectual disability and co-occurring mental health conditions reported that their interactions with doctors and other professionals often worsened their mental health. This was due to a lack of respect—such as being talked about rather than spoken to—and inadequate communication skills on the part of the professionals.

These concerns extend into higher education, where students with disabilities frequently experience disproportionate mental health challenges. Solís García and colleagues (2024) examined trends and challenges in mental health of university students with disabilities in their recent systematic review of the literature. One particular study in the review, (McLeod et al. 2019), examined a large sample of college students with autism compared to peers without autism and found that those with autism had significantly higher rates of mental health issues (67% compared to 45% for students without disabilities). The college students with autism had a significantly higher prevalence of depression, anxiety, and a threefold likelihood of suicide attempts. They were also more likely to use mental health services compared to peers without autism (McLeod, 2019). Their findings highlight the importance of implementing specific and nuanced strategies that address the unique needs of college students with developmental disabilities.

Transitioning to college can be an overwhelming experience for any student, let alone students with intellectual disability who historically come from highly segregated high school settings (Wehmeyer et al., 2021). Francis and colleagues (2022) richly describe the college transition experiences of 12 students with disabilities and co-occurring mental health disorders and found that they routinely do not receive appropriate support in college and often felt low self-esteem, shame, self-doubt, and isolation. While PSE program options have expanded access to inclusive higher education environments, the mental health needs of college students with intellectual disability are likely not met by PSE program staff, disability services, or college-based mental health counselors (CBMHCs; Fields et al., 2024; McKnight-Lizotte et al., 2021).

At the same time, evidence from national surveys underscores the growing strain on campus counseling services. According to the American College Health Association's national survey of over 33,000 undergraduate students, 20% were experiencing serious psychological distress (2024). While the majority of four-year colleges and universities in the United States offer some form of mental health or counseling services for enrolled students (Aluri et al., 2025), it is unclear how many of those have formally accredited counseling and psychological services (CAPS) programs (Danzman, 2019). Of the 381 respondents to the 2023-2024 Association for University and College Counseling Center Directors survey, 65% reported receiving psychiatric services in the counseling center, elsewhere on campus, or both (Bruns et al., 2025). Yet, national data from 2009 to 2015 indicate that the demand for mental health services on college campuses has increased five times faster than student enrollment, leaving counseling centers struggling to meet the growing need (EAB, 2019).

Moreover, existing campus counseling services may not fully address the needs of students with disabilities. Findings from a study of 197,000 mental health support-seeking college students with and without disability suggest that campus-based counseling may be less effective at addressing and ameliorating academic and psychological stress in students with disabilities in comparison to their peers (O'Shea et al., 2021). Additionally, while most college counseling centers employ at least some licensed professional counselors, often counseling services are provided by graduate students pursuing degrees in counseling. The gap between counseling services provided and student need for services is often wide and therapy offered is often short-term (AUCCCD, 2025).

Taken together, these gaps in research, practice, and service delivery point to the need for a focused

review, which was inspired by the growing need to effectively meet the mental health needs of college students with intellectual disability. The purpose of the scoping review described herein is to better understand the landscape of research related to mental health strategies to support emerging adults with intellectual disability in college. Specifically, we aim to answer the following research question: *What have research findings from the past decade revealed about effective mental health strategies for supporting emerging adults with intellectual disability?*

Method

The purpose of this review is to identify and describe articles related to mental health strategies or practices to support emerging adults with intellectual disability in college within the literature base. A scoping review methodology was chosen as the most appropriate to meet the exploratory objectives of this study. As described by Munn et al. (2018), a scoping review does not engage in critical appraisal of study rigor and is a broader overview of a research topic. Scoping reviews often consist of broad inclusion criteria, systematic search procedures, a transparent coding framework, and clear reporting (Munn et al., 2018).

The research team for this scoping review has a combined 40 years working in varied settings with youth and young adults with intellectual disability, primarily secondary and PSE settings. We used the guidelines for Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Trico et al., 2018) to compile this description of the literature on mental health strategies for emerging adults with intellectual disability in college. The search and coding strategy used by our team are described in the following sections.

Search Strategy and Criteria

To identify potentially eligible articles, we searched four databases: Academic Search Complete, APA PsychINFO, ERIC, and Medline. The search terms used were "intellectual disab*" AND "mental health" AND "counseling" AND "practice." The Boolean operator "AND" was utilized between each of the four search terms. We set the time parameters to include articles published between January 1, 2014, and April 30, 2025, ensuring a full ten years of review and including the most recent research available at the time of the database search (May 2025). We restricted the search to peer-reviewed articles (i.e., no dissertations or book reviews) and articles written in English.

The results of our search are depicted visually in Figure 1. The database search resulted in a total of 139 retrieved articles once duplicates were automatically removed by the database search tool. The research team conducted a check of the initial 139 database-identified articles to ensure there were no duplicates and that the titles and abstracts of the remaining retrieved papers included the keywords "intellectual disability" AND "mental health" AND "counseling" AND "practice" and met other criteria, described above (i.e., peer-reviewed, written in English). At this phase of screening, we reviewed the articles independently to ensure each met our initial search parameters, which resulted in the exclusion of an additional 19 articles. Additional articles excluded included all types of literature reviews (systematic, scoping, and meta-analyses), one book review, one non-English article, and one additional duplicate, bringing the total number of articles screened for inclusion and exclusion to 120.

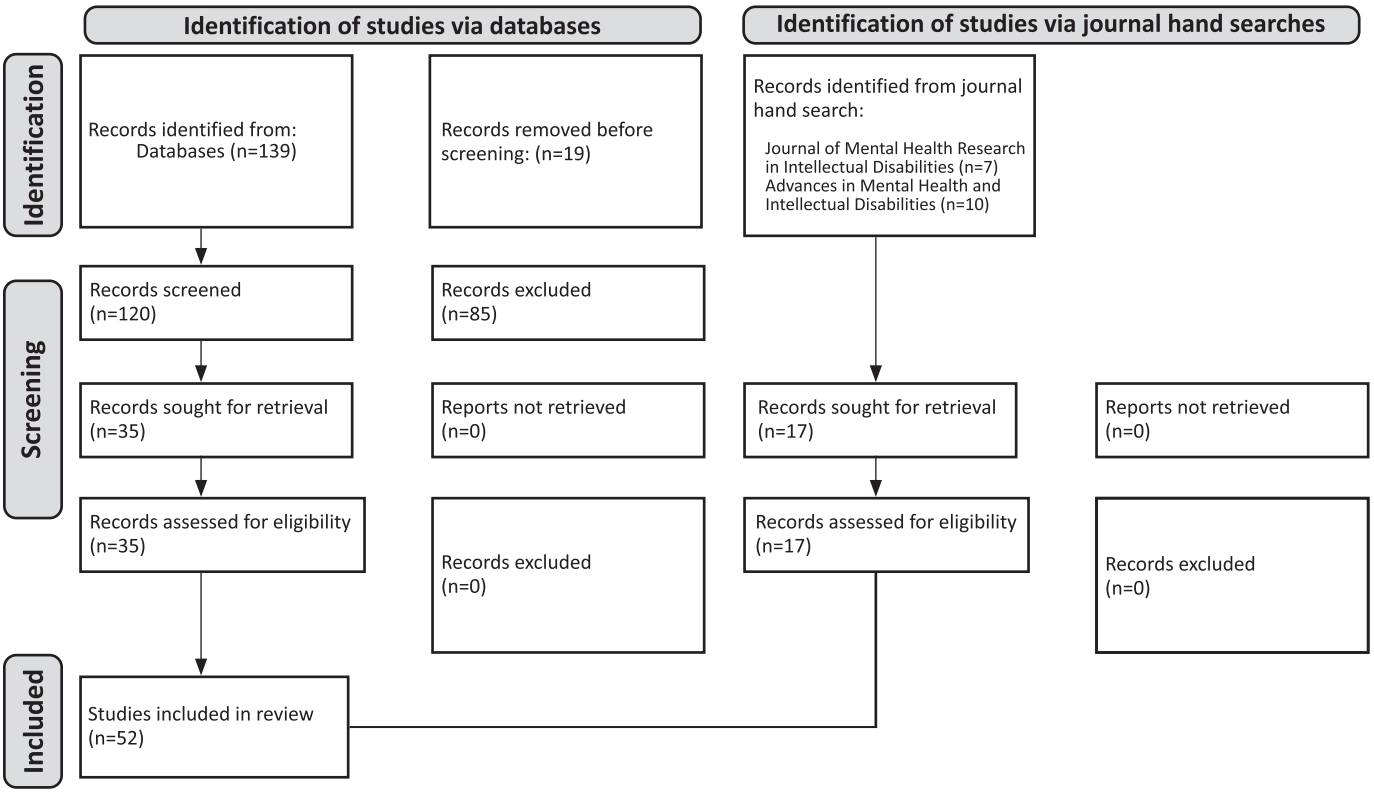
In addition to the database search, we conducted a systematic hand search of two journals, *Advances in Mental Health Care and Intellectual Disabilities* (AMHC) and *Journal of Mental Health Research in Intellectual Disabilities* (JMHRID) for the same time period to ensure all relevant articles were included. This search yielded an additional ten articles in *AMHC* and an additional seven articles in *JMHRID* meeting search criteria. These additional 17 articles were carried forward to phase two of screening.

For the next phase of screening, the research team screened the articles to determine if they (a) included adults in the population of interest, (b) presented a primary focus on intellectual disability (ID) and/or developmental disability (DD; IDD; only abbreviated in accompanying tables), and (c) were empirical. Intellectual and developmental disabilities are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. The term developmental disabilities is a broader category of often lifelong disability that can be intellectual, physical, or both. "IDD" is the term often used to describe situations in which intellectual disability and other disabilities are present (Institute on Community Integration, 2025).

We excluded articles whose primary focus was not adults (i.e. children or adolescents only), whose primary focus was disabilities other than intellectual disability, developmental disabilities, or both, and that were conceptual, theoretical, a review of any type (systematic, scoping, or literature), or otherwise not empirical articles. This round of review was completed by having each author screen half of the remaining articles to determine these factors. Each author then checked the articles that were screened by the other author to obtain an inter-coder agreement of 92%.

Figure 1

PRISMA Flow Diagram for the Scoping Review Process



Any disagreements between the two authors were resolved through closer examination of the article and author discussion. As a result of this screening process, 85 additional articles were deemed not eligible for further review, leaving a total of 52 articles retained for full review, based on the second phase inclusion and exclusion criteria.

Coding Process

The 52 included peer-reviewed articles each examined mental health counseling practices for individuals with intellectual and developmental disabilities in the extant literature. After the initial inclusion/exclusion process was complete, the authors independently coded the retained articles across four domains of interest: (a) demographic focus, including disability focus (intellectual disability, developmental disability, or both) and whether the article is specific to college students or not; (b) details a described strategy or practice, including whether the strategy or practice is required to be administered by a licensed professional (e.g., counselor, psychologist) or is a strictly medical intervention (e.g., pharmaceutical-based), or, if no specific therapeutic strategy is described, is a (c) process-related consideration (e.g., policy or systems-level examination); or (d) assessment-related (i.e., diagnostic).

These categories were developed by the team to give a detailed picture of the landscape of the current literature related to mental health strategies to support adults with intellectual disability in college. The focus on the disability category allowed us to understand whether the study was specific to a certain group of individuals—those with intellectual disability, those with developmental disability, or both. Identifying whether the article details a specific intervention or strategy and whether it has to be administered or overseen by a licensed professional allowed us to identify practical solutions that can be implemented by non-licensed/certified health providers, like PSE program staff. The distinction between process and assessment related allowed us to understand what can be used to address systemic issues to accessing mental health services and which tools can be used to assess needs—two important tools for advancing effective practices in meeting the mental health needs of college students with intellectual disability. A re-

liability check of this stage of coding by comparing each authors' codes of 100% of the articles resulted in 90% agreement across researchers. Discrepancies were discussed until 100% agreement was reached.

Findings

Demographic Focus

A primary coding characteristic included whether the article focused on adults with intellectual disability, developmental disabilities, or both. Among the 52 retained articles, 27 focused solely on intellectual disability, six solely on developmental disabilities, and 18 on both. An example of an article that focused on both intellectual and developmental disabilities is Lunsky and colleagues' (2022) "The Development and Pilot Evaluation of ECHO Mental Health for Adults with Intellectual and Developmental Disabilities." In this study, researchers piloted and evaluated a 12-week intervention to support the mental health of 62 participants with intellectual and developmental disabilities and co-occurring psychiatric disorders.

Another aspect of interest in coding was whether the article was specifically focused on college students or not. Of the 52 included articles, only 6% (n = 3) were focused on students in college. These articles are: Digman's (2021) "Lost Voices Part 1: A Narrative Case Study of Two Young Men with Learning Disabilities Disclosing Experiences of Sexual, Emotional and Physical Abuse," Fields et al.'s (2024) "Access and Barriers to Mental Health Resources for College Students in an Inclusive Postsecondary Education (IPSE) Program: A Qualitative Inquiry," and Harrison and Holmes' (2014) "Mild Intellectual Disability at the Postsecondary Level: Results of a Survey of Disability Service Offices."

Digman (2021) details the experiences of two men with intellectual disability who were college students (referred to as learning disability in the United Kingdom), who were sexually, emotionally, and mentally abused by the individuals charged with supporting them. Implications for support professionals, police, legal services, and educators on how to support sexual assault survivors in college are discussed. Fields et al. (2024) reveals the experiences of college students with intellectual disability in navigating mental health resources. They found that participants used resources and services from their PSE program and their institute of higher education (IHE) with varying degrees of satisfaction. They used family and friends as resources when navigating mental health needs and acknowledged the importance of identifying and meeting their emotional needs yet frequently navigate barriers to mental health resources. Harrison and Holmes (2014) report findings from a survey of Canadian IHE disability service office (DSO) staff who were investigating enrolled students with the label of mild intellectual disability. Findings from 34 institutions found that less than 25% of students seeking DSO services were able to succeed at a postsecondary level as well as indications that there was little consistency across institutions regarding criteria used to determine a mild intellectual disability label.

Specific Strategies or Practices

A primary focus of coding for the articles included in this scoping review was related to the specific counseling or mental health strategies or practices discussed or described. As such, we coded articles based on their inclusion of a description of a specific strategy or practice. Of the 52 articles, 44% (n = 23) included at least a description of a specific strategy or practice intended to address the mental health needs of adults with intellectual and developmental disabilities. An example of an article describing a specific mental health strategy is McMahon and colleagues' (2021) "Supporting Mindfulness with Technology in Students with Intellectual and Developmental Disabilities," which described an intervention utilizing a wearable device designed to provide neurofeedback to help promote mindfulness in high school and college-enrolled young adults with intellectual and developmental disabilities.

There is a noticeable shift toward technology-mediated and remote delivery (telehealth, online mood programs, virtual reality, wearable devices, and phone therapy) among the described strategies that offer promise for scalability and reach, particularly where local professionals are scarce. Table 1 shows multiple examples (e.g., virtual mental health education, online mood management, virtual reality for anxiety reduction, wearable-supported mindfulness). Yet this trend coexists with a reliance on licensed/medical professionals for many interventions, which constrains scalability and access in low-resource settings or on campuses lacking providers.

Table 1 lists all specific mental health-related strategies or practices identified within the articles coded for this review. Interventions are highly heterogeneous, ranging from brief self-help and peer-mentor approaches to specialized therapies (CBT, ACT, EMDR, art therapy) and medical/pharmacological interventions. This diversity is a strength (multiple pathways to support), but it complicates synthesis as few interventions have standardized protocols or large, controlled trials, and outcome measures vary widely. Several studies emphasized the need for standardized protocols and professional capacity building to ensure fidelity (Helverschou et al. 2021; Witwer et al., 2024).

Table 1

Strategies to Support College Students with Mental Health Needs

Article	Population	License/ Medical Intervention?	Brief Description
Kim et al. (2025)	ID	No	Garden-based healing and learning program for young adults with ID.
Acton et al. (2024)	ID	No	Virtual reality to reduce anxiety and build capacity to access mental healthcare for adults with ID.
Busfield et al. (2024)	ID	Yes	Compassion-focused therapy groups for adults with ID.
Witwer et al. (2024)	ID	Yes	Cognitive behavioral therapy, dialectical behavior therapy, acceptance and commitment therapy, eye movement desensitization and reprocessing, play therapy, and mindfulness-based stress reduction for adults with ID.
Goerlich (2023)	ID	Yes	Kink-affirming therapy for an adult with ID who self-identifies as an Adult Baby/Diaper Lover.
Lunsky et al. (2023)	Both	No	Virtual mental health education program for professionals with information and practices to support the mental health of adults with IDD.
Verhagen et al. (2023)	ID	Yes	Eye Movement Desensitization and Reprocessing (EMDR) therapy for adults with ID.
Helverschou et al. (2021)	Both	Yes	Standardized protocols as a strategy for improving professional competence and effective mental health services for adults with autism and ID.
Kildahl (2021)	Both	Yes	Diagnosing anxiety disorder and self-injurious behavior in an adult with autism and ID as an effective strategy for developing a treatment plan.
McMahon et al. (2021)	Both	No	Use of a wearable device to promote mindfulness amongst young adults with IDD.
Rawlings et al. (2021)	ID	Yes	Phone therapy for adults with ID.
Vereenooghe et al. (2021)	ID	No	Online mood management program for adults with ID.
Schwartz et al. (2020)	Both	No	Peer mentor intervention to identify and use leisure activities as coping strategies amongst young adults with IDD.
Siegeal et al. (2020)	ID	Yes	Assessment as a critical step in informing treatment plans for adults with ID.
Oliver et al. (2019)	ID	Yes	Acceptance and Commitment Therapy for adults with ID.
Beasley et al. (2018)	ID	No	Crisis prevention model for individuals with ID and their support networks.
Caveney et al. (2018)	Both	Yes	Art psychotherapy to identify barriers to therapeutic progress for an adult with autism and ID.
Chaplin et al. (2017)	ID	No	Self-help intervention for adults with ID with mild depression.
Manohar (2016)	ID	Yes	Structured evaluation as a method for diagnosis; aimed at minimizing risk of diagnostic masking/overshadowing.
McInnis (2016)	ID	Yes	Psychotherapy for an adult with ID.

Article	Population	License/ Medical Intervention?	Brief Description
Barrowcliff & Evans (2015)	ID	Yes	Eye Movement Desensitization and Reprocessing (EMDR) therapy for an individual with multiple disabilities, including ID.
Sigan et al. (2015)	ID	Yes	Group Cognitive Behavioral Therapy (CBT) for adults with ID.
Drury & Alim (2014)	ID	Yes	Integrative treatment intervention, using different psychological models and psychodynamic ideas.

Only one of the coded articles focused primarily on a medical or pharmacological intervention, rather than relying solely on behavioral or psychosocial approaches to mental health support. "Trends in the Use of Psychotropic Drugs in People with Intellectual Disability in Taiwan: A Nationwide Outpatient Service Study, 1997-2007" found that the overall prevalence of psychotropic drug use increased during this time period. The largest increases in prescriptions to address mental health concerns were observed for antipsychotics, sedatives, and antidepressants (Hsu et al., 2014).

Of the articles that did not describe a specific counseling or mental health-related strategy or practice, many were process-related, meaning they employed a survey or qualitative examination of participant experiences, such as Northrup and colleagues' (2024) "'It Starts with a Knock on the Door': Caregiver and Provider Perspectives on Healthcare Communication for Youth with Intellectual and Developmental Disabilities." In this article, authors reported findings from interviews with family caregivers on the challenges and facilitators to effective healthcare communication for youth with intellectual and developmental disabilities. A total of 23 articles (44%) were coded as process-related (not describing a specific counseling or mental health strategy or practice)., which suggests the field is still mapping needs and experiences more than producing robust evidence for efficacious interventions.

An additional five articles (10%) neither described a specific mental health-related practice or strategy nor a process-related finding but instead reported on an assessment or diagnostic tool or findings from a comparison study. For example, the aim of Wieland and colleagues' (2015), "The Prevalence of Personality Disorders in Psychiatric Outpatients with Borderline Intellectual Functioning: Comparison with Outpatients from Regular Mental Health Care and Outpatients with Mild Intellectual Disabilities" was to examine the rates of comorbid personality disorders among individuals with varying degrees of intellectual disability. Park and colleagues' (2019) article, "Disability, Functioning, and Quality of Life Among Treatment-Seeking Young Autistic Adults and Its Relation to Depression, Anxiety, and Stress" compared mental and general health and functioning in a sample of treatment-seeking young autistic adults whose primary diagnosis was ASD with a sample of young autistic adults with a primary mental health diagnosis. The intent of Battaglia and colleagues' (2016), "Multidisciplinary Treatment for Adults with Autism Spectrum Disorder and Co-Occurring Mental Health Disorders: Adapting Clinical Research Tools to Everyday Clinical Practice" was to evaluate the *Schedule for the Assessment of Psychiatric Problems Associated with Autism*, a research instrument designed specifically for the psychiatric evaluation of patients with autism, for use in a clinical setting. And in "The Effects and Associations of Trauma and Intellectual Disability in Severely Mentally Ill Outpatients," Nieuwenhuis et al. (2019) used questionnaires to establish the prevalence of trauma and its association with intellectual function in severely mentally ill adults in the Netherlands.

Reliance on Professionals and Common Barriers

Twelve of the 24 articles that tested or examined a specific strategy or intervention indicated that the mental health-related strategy or intervention must be implemented or administered by a trained and licensed professional. The named professionals included licensed therapists, social workers, or professional counselors. One such article is Oliver et al.'s (2019) "Two Cases of Acceptance and Commitment Therapy Leading to Rapid Psychological Improvement in People with Intellectual Disabilities," which describes two case studies of psychiatrists utilizing Acceptance

and Commitment Therapy (ACT) with adults with intellectual disability in clinical practice. Another example is Witwer and colleagues' (2024), "Working with Adults with Intellectual Disability and Clinicians to Advance Mental Health Treatment: Informing Practice Guidelines and Treatment." This article reported findings from focus groups conducted with mental health clinicians and their clients. As defined by the study, mental health clinicians include "licensed psychologists, psychiatrists, counselors, and social workers" (p. 5). Across studies, recurring barriers included: (a) limited overall systemic capacity and clinician availability (driving need for telehealth or technology-based solutions, but also limiting those that require licensed staff), (b) inconsistent identification/labeling practices across institutions (affecting eligibility and service access), (c) accessibility and acceptability of interventions for people with intellectual and developmental disabilities (e.g., need for adaptations, plain-language materials, sensory/communication accommodations), and (d) reliance on familial or informal supports when formal campus or community services are inadequate (noted in the college-student studies).

Discussion

To explore the literature on mental health strategies and interventions for emerging adults with intellectual and developmental disabilities, we conducted a review of peer-reviewed research published over the past decade. Although this review was initially intended to focus on interventions designed for students with intellectual disability in postsecondary education or college settings, we broadened our scope after recognizing the limited amount of existing literature specific to this context and demographic. Using a systematic keyword search of four databases and a hand search of two journals with a primary focus on mental health and adult individuals with intellectual and developmental disabilities resulted in identifying 52 articles for full review and coding. Slightly less than half (44%) of the articles described a strategy or intervention aimed at addressing the mental health needs of adults with IDD. Of those, 50% specified that implementation required a trained and licensed professional.

Lack of College-Specific Strategies

While the primary impetus for the current scoping review was to identify available strategies to support the mental health of college students with intellectual and developmental disabilities, only three articles were found that specifically addressed this population. According to Think College data, over 8,000 students with intellectual disability attended college in the United States in 2024 through a record-high 363 PSE programs (Think College National Coordinating Center, 2024). Additionally, the 2024 American College Health Association's (2024) annual survey found that nearly 5% of the more than 33,000 typically matriculating students surveyed reported having autism. These substantial numbers, combined with the well-documented high rates of co-occurring mental health concerns among individuals with intellectual and developmental disabilities, highlight a pressing need for targeted, evidence-based mental health supports in higher education settings. Given this, it was disappointing, though not altogether surprising, that only 6% of the total 52 articles focused on this population. Researchers in the IPSE field (Fields et al., 2024; Francis et al., 2022; Lizotte et al., 2021) and those researching supports for typically-matriculating students with developmental disabilities like autism, have recognized this paucity and called for further research in this area (Solís García et al., 2024).

The small body of mental health-focused research within IPSE settings underscores a significant need for practical strategies that can be implemented by program staff, who may not be trained mental health professionals, or by peers. Lizotte and colleagues (2021) surveyed staff from 33 PSE programs and found that while the vast majority of programs reported that their students were experiencing mental health concerns including anxiety and depression, as well as suicidal ideation, only 61% of programs were making referrals to the typical campus mental health resources to meet their students' needs. Further, Fields and colleagues (2024) found in their qualitative examination of college students with intellectual disability's experiences with mental health supports that a primary source of support and information was staff employed by the PSE program. Participants described their experiences within their PSE programs, identifying both programmatic coursework and staff as key contributors to maintaining their mental health. Study participants also highlighted how staff provided affirming support by teaching emotional self-regulation skills and connecting them with available mental health resources on campus (Fields et al., 2024).

With no specific strategies identified, PSE program staff are likely employing strategies for support that are not supported in the literature base and, therefore, may be ineffective. With little to no helpful information that is evidence-based, PSE professionals may be reliant upon the use of trial and error, with strategies that they have little-to-no formal training in providing. Further, they may be dependent upon college-based mental health professionals with lit-

tle-to-no training in working effectively with college students with intellectual disability and dwindling availability to meet student demands for services, let alone in an individualized capacity. Recent research shows that college students with disabilities have greater needs for mental health services compared to their non-disabled peers (Solís García et al., 2024). At the same time, university counseling centers and mental health professionals have been increasingly overwhelmed by the growing demand for campus counseling services (Lipson et al., 2019).

While specific strategies were not identified during this scoping review, there are existing frameworks that may help all higher education professionals in supporting students with disabilities at large with their mental health needs in college. *Be Ready, Be Well* (BRBW; Francis et al., 2020) provides a framework from which PSE professionals could conceptualize support for college students with intellectual disability. The BRBW framework consists of three interrelated cogs: well-being practices, students with disabilities, and family, which "reflects the interdependence and bidirectional nature of well-being among families and students with disabilities, consistent with literature on the importance of family support and interdependence," (Francis et al., 2020, p. 133). This framework also includes "barrier wedges," (Francis et al., 2020, p. 133), which reflect barriers that disrupt the entire system from operating seamlessly. Some examples provided include depression, familial stress, and difficulty making and sustaining relationships. A framework like BRBW, while not specific to intellectual disability, provides initial considerations for assessing and supporting students' mental health needs.

Professional Implementation of Supports

The fact that half of the strategies or interventions to support the mental health of adults with intellectual and developmental disabilities must be implemented by trained and licensed professionals, such as counselors or social workers, is significant. There is currently a dearth of licensed mental health professionals adequately trained and willing to work with adults with intellectual and developmental disabilities in the United States (Lake et al., 2021; Lineberry et al., 2023; Whittle et al., 2018). More significantly, college campuses have become increasingly overwhelmed by student need for counseling and mental health services in the past decade (Oswalt et al., 2020), and a recent survey of college counseling center professionals found they do not feel equipped to adequately support students with developmental disabilities like autism (Chandrasekhar & Hu, 2024). Moreover, Feather and Carlson (2019) found that counselor preparation programs often fall short of adequately preparing counselors to work with disabled individuals, particularly those with intellectual and developmental disabilities.

Implications for Future Research and Practice

Our first of two sweeping recommendations based on the review findings is for PSE program professionals to build their own capacity to address their students' mental health needs without formal or intensive certification programs. Tier 1 interventions, or those aimed at prevention and early recognition of mental health distress, such as Mental Health First Aid or suicide prevention (also known as gatekeeper trainings) for staff like Suicide Alertness for Everyone (safeTALK) or Applied Suicide Intervention Skills Training (ASIST), can be a cost-effective and accessible way to do this work (Fields et al., 2024). Emerging evidence suggests that college-age peers (anyone over the age of 16) can be trained using ASIST to act as gatekeepers and provide meaningful support to students at risk for suicide, thereby enhancing early detection and connection to mental health resources and aiding in the address of the lack of trained professional service providers. Tools like the *Mental Health College Guide* from the National Alliance on Mental Illness can also support professionals in fostering mental health awareness and building supportive campus environments.

As many PSE program staff likely do not have certification or expertise to effectively meet the mental health needs of college students with intellectual disability, it is imperative that PSE programs and college-based mental health centers (CBMHCs) engage in proactive partnerships. Mutual professional development, triage, and shared data could build each partners' respective capacity to meet the needs of students. Further, partnerships with academic programs housed at the university charged with preparing counselors, social workers, and other mental health professionals are effective in both meeting a need amongst college students with intellectual disability and providing those pre-service professionals with training and experience to work with adults with intellectual disability in the future (Smith Hill et al., 2024). It is likely that disability service offices (DSO) are already tackling the need to address the growing mental health needs of students with disabilities on campus (Aguilar & Lipson, 2021) if they are already supporting campus partners in implementing inclusive design to meet the needs of people with disabilities within daily service provision and accessible programming.

A robust partnership aimed at educating CBMHCs on the needs of college students with intellectual disability and conversely, educating college students on

the resources that are available to them at the college/university, allows for both parties to build awareness and capacity. For CBMHCs, this awareness could facilitate supplemental or revised resources using inclusive design principles. For counselors, this work could look like creating resources and employing strategies that can be consumed by students with a variety of needs by using clear language, graphics, and other accessible ways of conveying information to a wide array of consumers on campus. For students, this awareness could facilitate the likelihood of their use of accessible resources on campus when needed. Inclusive postsecondary education program staff can create an inventory of services, resources, policies, and events to support mental health that students can use, and staff can work with CBMHCs to confirm accessibility.

Separate programming and services for students with intellectual disability is counterintuitive to the typicality that PSE programs often aim to provide. When analyzing resources, policies, or events, professionals should be mindful to not create a different set of expectations or programming specific to students with intellectual disability, such as policies for expulsion and suspension. With typicality in mind, however, Fields and colleagues (2024) found that emerging adults enrolled in an PSE program had distinct support needs related to understanding emotions and conceptualizing emotional wellness, which has distinct implications for mental health. Similarly, Lizotte et al. (2021) emphasize that college students with intellectual disability may require developmentally appropriate and differentiated strategies to effectively support their emotional well-being.

The practices outlined in Table 1 provide a foundation for both researchers and practitioners in identifying effective strategies to support the mental health needs of this population. Many of these are well-established counseling best practices that have been adapted to address the unique needs of adults with intellectual and developmental disabilities, including Eye Movement Desensitization and Reprocessing (Barrowcliff & Evans, 2015; Verhagen et al., 2023) and Cognitive Behavioral Therapy (Sigan et al., 2015; Witwer et al., 2024). The list of strategies also includes novel and creative interventions for adults with intellectual and developmental disabilities, such as garden-based healing (Kim et al., 2025) and virtual reality to reduce anxiety (Acton et al., 2024), indicating a growing interest in innovative, multisensory approaches that may offer accessible and engaging alternatives to traditional mental health supports.

An aligning research recommendation is to expand and rigorously evaluate scalable, low-cost delivery models that do not always require licensed clinicians (e.g., structured peer-mentor programs, standardized self-help tools, supervised lay-facilitator models), while ensuring safety and fidelity. As well, researchers should prioritize college-specific implementation research. A specific focus on conducting pilot studies within DSOs or PSE programs would ensure effective integration with campus services and enhanced outcomes for students with intellectual disability in particular. As participatory researchers, we recommend that studies center lived experience and the voices of individuals with intellectual disability in design to improve accessibility and relevance of interventions developed and tested.

Limitations

Although we employed a comprehensive search strategy across multiple databases, and to promote rigor we hand-searched two particularly relevant journals, it is still possible that some relevant studies were not captured. Additionally, given that many mental health supports for adults with intellectual and developmental disabilities are implemented in practice-based settings, they may not be formally evaluated or published in peer-reviewed journals. Consistent with scoping review methodology, we did not assess the quality or rigor of the included studies, limiting our ability to comment on the strength of the evidence or the feasibility or social validity of the practices described. Because this quality appraisal was not included, it could also affect the strength of our practice recommendations. Finally, the field of mental health support for adults with intellectual disability is relatively nascent and rapidly evolving, and some recent or innovative practices may not yet be reflected in the published literature.

Conclusion

This scoping review highlights a critical gap in the literature regarding mental health strategies for emerging adults with intellectual disability enrolled in PSE programs. While the intent was to identify targeted interventions, few studies directly addressed this population's unique needs within the higher education context. The strategies that were identified tended to be adapted from general counseling best practices or broader disability support approaches, underscoring the need for further research that prioritizes inclusive, developmentally appropriate, and accessible mental health interventions.

There were several lessons learned with immediate implications for PSE program staff. Given the increasing enrollment of students with intellectual disability in higher education, PSE programs and universities

must take proactive steps to build capacity among both program staff and CBMHCs. This work includes investing in Tier 1 interventions such as *Mental Health First Aid* and gatekeeper trainings, developing key partnerships on campus (e.g., DSO, social work, counseling), integrating inclusive design principles into emotional wellness programming, and ensuring that counseling centers are equipped with professionals trained to support students with intellectual and developmental disabilities. PSE programs would also benefit from utilizing frameworks like *Be Ready, Be Well* to assess and identify gaps in effective support for college students with intellectual disability and comorbid mental health needs. Addressing these gaps is essential to creating equitable access to mental health care and fostering environments where all students can thrive academically, socially, and emotionally.

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