

TOWARDS AN INTEGRATIVE CONCEPTUAL MODEL OF GOOD MENTAL HEALTH IN PEOPLE WITH INTELLECTUAL DISABILITIES

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Abstract

People with intellectual disabilities (ID) are characterised by limitations in intellectual functioning and adaptive behaviour. They are also disproportionately affected by health inequalities. Despite strong normative frameworks, such as the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), and international commitments to health equity, people with ID are frequently excluded from mainstream health promotion and prevention initiatives and conceptual frameworks of mental health. Consequently, conceptualisations of good mental health for people with ID remain underdeveloped from a theoretical perspective. While recent research increasingly calls for participatory and inclusive approaches, there is still limited integration of lived experience, professional knowledge, and theoretical perspectives into coherent conceptual frameworks. The present contribution addresses this gap by offering an integrative synthesis across multiple empirical studies to advance conceptual and theoretical understanding of good mental health in people with ID. We conducted a secondary synthesis across four complementary studies: a systematic review of the literature (including 37 studies); participatory focus groups with adults with ID (n=20); qualitative interviews with mental health experts (n=12); and an inclusive Delphi study to develop cross-stakeholder consensus (n=60). Findings were comparatively analysed and interpreted in relation to established theoretical approaches. Across data sources, good mental health emerged as a multidimensional and relational construct extending beyond the absence of psychopathology. People with ID emphasised autonomy, belonging, emotional safety, meaningful participation, and respectful relationships. Experts similarly highlighted relational and contextual dimensions but placed greater emphasis on functioning, adaptation, and service-related outcomes. Importantly, the systematic review identified no explicit conceptualisations of good mental health for people with ID; although wellbeing was frequently referenced, good mental health was not defined as a distinct construct, nor were lived-experience perspectives incorporated. Based on this synthesis, we propose a multidimensional conceptual model of good mental health for people with ID foregrounding psychological, relational, environmental, and capability-related dimensions. This model bridges lived experience and professional knowledge and can inform future theory development, inclusive research practices, assessment frameworks, and the design of mental health promotion and support services aligned with the priorities and rights of people with ID.

Keywords: *Intellectual disability, learning disability, mental health, participatory research, wellbeing.*

1. Introduction

People with intellectual disabilities (ID) experience substantial health and mental health inequalities, including higher prevalence of physical and mental health problems, and reduced access to appropriate care and prevention services (Platt et al., 2019; Zeilinger et al., 2025). These disparities persist despite international policy frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), which emphasises the right to the highest attainable standard of health and equitable access to healthcare and public health programmes (United Nations, 2006). Addressing these inequalities requires not only improved services but also clearer conceptualisation of what constitutes good mental health in this population.

Historically, research on mental health in people with ID has focused primarily on psychiatric disorders and behavioural problems. As a result, “mental health” is often equated with the absence of psychopathology rather than encompassing positive dimensions of functioning (Atanasova et al., 2019). Although positive constructs such as wellbeing and quality of life are increasingly studied (Albaum et al., 2021), explicit conceptualisations of good mental health tailored to people with ID remain underdeveloped.

Contemporary mental health frameworks conceptualise mental health as more than the absence of disorder and as including positive psychological functioning (Galderisi et al., 2015). The dual-continua model further distinguishes mental health and mental illness as related but distinct dimensions (Keyes, 2005). Closely related constructs such as wellbeing (Seligman & Csikszentmihalyi, 2000) and quality of life (Schalock, 2004) overlap conceptually but operate at different analytical levels. However, these distinctions are often blurred in ID research, limiting conceptual clarity. Although some research has been conducted in the field of intellectual disability on related constructs such as quality of life and wellbeing, none of this has targeted good mental health directly (Albaum et al., 2021).

Conceptual precision is particularly important because outcomes for people with disabilities emerge through interactions between individual characteristics and social environments rather than impairments alone (Mckenzie, 2013). Despite growing attention to wellbeing and participation, there remains no coherent, empirically grounded model defining good mental health for people with ID that integrates lived experience, professional perspectives, and theoretical frameworks. This gap limits the development of appropriate assessment tools, promotion strategies, and inclusive services.

To address this gap, the present paper develops a conceptual model of good mental health in people with ID through an integrative synthesis of multiple empirical studies conducted within a broader research programme. By combining evidence from a systematic review, participatory research with adults with ID, expert interviews, and an inclusive Delphi process, the study seeks to refine the conceptualisation of good mental health and provide a framework to inform future theory development, research, and mental health promotion in this population.

2. Methods

2.1. Study design

This paper presents an integrative conceptual synthesis of four complementary empirical studies examining good mental health in people with ID. Findings from the studies included were comparatively examined to derive higher-order conceptual dimensions of good mental health. Integration occurred at the conceptual level. Reported themes, categories, and consensus statements were systematically compared to identify convergences, divergences, and overarching patterns across stakeholder perspectives. All primary studies received ethical approval from the relevant institutional review boards. The present synthesis is based exclusively on previously published findings and did not involve new data collection.

2.2. Empirical basis

The synthesis draws on four studies, conducted between 2024 and 2025 that explored good mental health in people with ID from complementary perspectives. First, a systematic review (Komenda-Schned et al., 2024) examined conceptualisations of good mental health in the scientific literature. The review included 28 studies and revealed substantial conceptual heterogeneity and identified a lack of explicit definitions of good mental health tailored to people with ID. Second, a participatory focus group study (Komenda-Schned, Landskron, Moritz, Braunstein, Hochmeister, Riegler, Saugspier, Hillenkamp, et al., 2025) involving 20 adults with ID explored lived-experience perspectives. Third, semi-structured interviews with 12 mental health professionals working in the field of ID examined professional perspectives on good mental health (Komenda-Schned, Moritz, Landskron, Herscovici, Schomburg, Lehner, Lueger-Schuster, Salvador-Carulla, et al., 2025). Fourth, a Delphi study with an inclusive approach and an iterative rating process involved 60 participants, including adults with ID and mental health professionals (Komenda-Schned, Landskron, Moritz, Braunstein, Hochmeister, Riegler, Saugspier, Lueger-Schuster, et al., 2025).

2.3. Conceptual integration

The synthesis followed a structured interpretive process. Conceptual elements related to good mental health were extracted from each study and comparatively mapped to identify recurring themes, differences between stakeholder perspectives, and overarching patterns. These elements were then abstracted into higher-order conceptual dimensions. The interpretation was informed by relevant theoretical perspectives, including social-ecological, capability-oriented, and rights-based approaches to disability. No primary data were re-analysed.

3. Results

3.1. Conceptual landscape and theoretical gaps in the literature

The synthesis revealed that good mental health in people with ID is rarely conceptualised as a distinct theoretical construct in the existing literature. Instead, mental health is commonly framed in terms of symptom reduction, behavioural stability, or broadly defined wellbeing, often drawing on general population frameworks without systematic adaptation to the specific social and structural conditions experienced by people with ID. As a result, conceptual boundaries remain blurred and good mental health is frequently conflated with the absence of disorder or with general wellbeing. These findings indicate a structural gap: the absence of a clearly articulated, rights-sensitive, and multidimensional conceptualisation grounded in both empirical evidence and lived experience.

3.2. Cross-stakeholder conceptual patterns

The comparative analysis of findings across participatory data, expert perspectives, and consensus processes revealed recurring conceptual patterns. Across stakeholder groups, good mental health was consistently associated with:

- autonomy and supported self-determination,
- belonging and relational embeddedness,
- emotional safety and recognition,
- meaningful participation, and
- access to supportive and accessible environments.

Although the emphasis differed between groups, with professionals placing greater emphasis on stability, coping and system responsiveness, there was substantial convergence regarding the multidimensional and context-dependent nature of the construct. Notably, lived-experience perspectives shifted the conceptual centre of gravity towards dignity, agency, and relational security, whereas professional accounts emphasised functional support and structural provision. The synthesis shows that these perspectives complement each other rather than competing with each other.

3.3. Integrated conceptual model

Through iterative abstraction and theoretical integration, cross-study findings were condensed into four higher-order dimensions contributing to good mental health in people with ID. (1) The psychological dimension encompasses emotional regulation, positive emotional experiences, and coping within contextual constraints. (2) The relational dimension encompasses belonging, social recognition, supportive relationships and interpersonal respect. (3) The environmental/structural dimension encompasses accessibility, safety, non-discrimination and responsive support infrastructures. (4) The capability-based dimension encompasses real opportunities for self-determination, participation and agency in everyday life.

The model conceptualises good mental health as emerging from the interaction of these dimensions within specific social and structural contexts. The focus shifts from individual-level attributes to relational and capability-enhancing conditions. The synthesised evidence suggests that good mental health in people with ID can be characterised as a positive construct, constituted through relationships, influenced by structural factors, and grounded in autonomy and dignity.

4. Discussion

This study advances the conceptual understanding of good mental health in people with ID by proposing a multidimensional framework that conceptualises mental health as a relational and contextually embedded phenomenon rather than merely the absence of disorder. The findings suggest that good mental health in people with ID cannot be adequately understood through symptom-oriented or purely individualistic perspectives. Instead, the proposed model highlights the interaction between psychological experiences, relational contexts, environmental conditions, and opportunities for self-determination. This perspective aligns with broader developments in contemporary mental health theory, which increasingly conceptualise mental health as a positive and multidimensional construct (Galderisi et al., 2015).

Within ID research, however, such perspectives have remained comparatively underdeveloped, as the literature has largely focused on psychiatric disorders, behavioural problems, and service provision (Atanasova et al., 2019). The present model conceptualises mental health as emerging through interactions between individuals and their social environments. In this sense, good mental health is understood not only as a psychological state but also as a relational and structurally embedded phenomenon, supporting an interactive model of disability (Mckenzie, 2013).

4.1. Practical implications

The proposed model has implications for research, services, and policy aimed at promoting mental health in people with ID. For research and assessment, the findings highlight the importance of multidimensional approaches that extend beyond symptom-oriented measures and include relational and contextual factors such as belonging, supportive relationships, social recognition, and perceived safety. Multi-informant approaches may be particularly valuable given the diversity of communication abilities and support needs within this population.

For practice and policy, the findings indicate that promoting good mental health requires more than the treatment of mental illness. Supportive environments that foster autonomy, meaningful participation, and respectful relationships appear central. Integrating the mental health of people with ID into public mental health strategies and ensuring the accessibility of health promotion programmes are therefore important steps toward reducing mental health inequalities.

4.2. Strengths and limitations

A major strength of this study is the integration of multiple empirical approaches – including a systematic review, participatory focus groups with adults with ID, expert interviews, and an inclusive Delphi process – which enabled the combination of lived experience and professional perspectives within a shared framework. The participatory design further strengthens the study, as the involvement of people with ID ensured that their experiences and priorities shaped the conceptualisation of good mental health.

However, several limitations should be noted. As a secondary conceptual synthesis, the study relies on existing empirical work and requires further validation. The underlying studies were conducted in specific contexts and samples, limiting generalisability. Future research should test the applicability of the proposed dimensions across settings and operationalise the model for measurement and intervention purposes.

5. Conclusion

This study contributes to advancing the conceptual understanding of good mental health in people with ID by proposing a multidimensional model that integrates psychological, relational, environmental, and capability-related dimensions. By synthesizing findings from multiple empirical studies and incorporating both lived-experience and professional perspectives, the model provides a structured conceptual framework for mental health in this population.

The findings highlight that good mental health in people with ID emerges not only from individual psychological functioning but also from supportive relationships, inclusive environments, and opportunities for participation and self-determination, underscoring the importance of relational and structural conditions for future research, measurement development, and mental health promotion. Strengthening conceptual clarity in this area is an important step toward developing more inclusive mental health research and policies that better reflect the experiences, rights, and needs of people with ID. Ultimately, advancing such perspectives may help shift the field from deficit-oriented understandings toward a more inclusive conception of mental health that recognises the relational, structural, and capability-based conditions that enable people with ID to live well.

Funding Statement

This research was funded by the Austrian Science Fund (FWF), grant No. ESP 116.

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