This is an addendum to the report published by the Royal Australian and New Zealand College of Psychiatrists’ (RANZCP) Faculty of Child and Adolescent Psychiatry (FCAP) Prevention and Early Intervention of Mental Illness in Infants, Children and Adolescents: Planning Strategies for Australia and New Zealand (2010). This addendum, published in August 2011, should be read as part of section 5 of the report on vulnerable groups.

**Children with Neurodevelopmental and Intellectual Disability (ID)**

Children with Intellectual Disability (ID) comprise at least 3% of the population. Clinically significant emotional and behavioural problems are around three times more prevalent in children with an ID than in the general population. These mental health problems are the main cause of educational and social problems, burden for carers, and cost to the community in this already disadvantaged group, yet less than 10% receive adequate mental health care. Psychiatric disorder persists into adult life although the prevalence of symptoms of inattention and hyperactivity decreases, depression increases, and anxiety remains constant with maturation. Symptoms of mental illness are often misattributed to simply being a necessary part of ID. Psychopathology is contributed to by an interaction of cognitive impairment, temperament, associated medical illness such as epilepsy, social factors such as parental grief, and cultural expectations. The genetic or biological cause of ID often contributes a specific profile of behavioural problems such as anxiety and phobias in children with William syndrome and inattention, impulsivity and impaired executive function in Foetal Alcohol Syndrome. Comorbidity is common and children with associated neurodevelopmental problems such as autism and Tourette’s disorder are at particular risk of suffering from other psychiatric disorders. Intervention requires a multi-disciplinary, family-centred approach using general evidence-based social, educational, psychological and perhaps pharmacological methods, modified to take account of the cognitive abilities of the child and the family and school context. There is growing evidence that a broad-based approach to early intervention promotes adaptive behaviour, reduces parental burden and improves outcome. Early intervention includes:

- Parent education and training
- Treatment of associated medical conditions
- Behaviour management and psychological treatment
- Speech and occupational therapy to improve communication and play skills
- Special education with aide support
- Family support and respite care services

Further research is required into population-based approaches to early intervention and the effectiveness of modified educational and psychological and pharmacological treatments for psychopathology and methods to promote resilience. Research is also required to improve approaches to prevention of ID, for example with Foetal Alcohol Syndrome and with antenatal care and genetic screening.

**Recommendations**

- Existing funded early intervention programs for children with specified developmental disorders such as autism be broadened to include all young children with neurodevelopmental delay.
- Targeted mental health services are developed for children with an intellectual disability
- Mental health workforce training is expanded to include skill development in the assessment and management of mental illness in children with ID.

**References**


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