Children with psychiatric disorders and learning disabilities

Their needs extend beyond the provisions in national service framework

Global learning disabilities, or mental retardation as it is still referred to in the International Classification of Diseases, occur in at least 3% of the population. Classification systems vary in terminology, but most distinguish on the basis of the severity of the learning disability. In the United Kingdom, children with milder degrees of learning disabilities are likely to be educated in mainstream schools and are often physically well. Children with more severe learning disabilities may attend special schools and frequently have associated medical disorders and sensory impairments, as either a cause or a correlate of the learning disabilities. Learning disabilities are life long and reduce life chances of employment and independent living.

Psychiatric disorders are two to four times as common in children with learning disabilities, with 30-50% having a mental disorder. While all psychiatric disorders are over-represented in children with learning disabilities, autism and hyperkinetic disorder are particularly increased. The relation between autism and low intelligence quotient has long been
The psychiatry of learning disability has always been a neglected specialty, and the neglect is especially true in child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry, and can occur even with experienced mental health professionals where traditional psychiatric differential diagnosis relies on the patient's ability to report subjective thoughts and experiences. Considerable dispute exists about the use of behavioural equivalents as an alternative to direct access through language in applying diagnostic categories. Whether or not behavioural equivalents are incorporated in assessments, specialist skills are required to diagnose psychiatric disorder in people with more severe learning disabilities. The treatment of psychiatric disorders in children with learning disabilities may also be more successful when conducted by professionals with specialist skills.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

The identification and successful treatment of psychiatric disorders in children with learning disabilities will have come to the attention of child psychiatry. An unspoken view exists that the psychiatric treatment of children with learning disabilities is less worth while because the effects of long term intellectual disability compromise recovery. However, we have no evidence that children with learning disabilities differ from children with average ability in the improvement in the quality of life they experience by alleviation of psychiatric disorder. The development of equal, although differentiated, mental health services for children with learning disabilities should be a priority for the NHS. This aim has been incorporated in the national service framework for children, where standard 9 embraces the mental health needs of children and young people with disability, along with other groups. In addition, standard 8 focuses on the need for high quality services for children with disability, and standard 1 highlights the importance of health promotion and early intervention.

Competing interests: None declared.