## **1** Introduction

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Clinical involvement with, and awareness of, disability is a core component of the current undergraduate medical curriculum. It is one of eight key themes recommended by the General Medical Council which run through the entire five-year medical programme. Despite this, the majority of clinicians who only meet individuals with intellectual disabilities occasionally, often only have limited experience or training in how to work with this group where communication difficulties and variable symptom presentation create particular challenges in the consulting room.

Intellectual Disability Psychiatry: A Practical Handbook has been written and edited by working clinicians and academics in intellectual disabilities with the aim of creating a concise and practical text that addresses the clinical uncertainties that we face in everyday practice.

Working with people with intellectual disability is intellectually stimulating and professionally rewarding. All contributors have day-to-day clinical contact with people with intellectual disabilities, run diverse and innovative services and train undergraduate medical students and psychiatrists in training.

The complex clinical case work and emerging advances in epidemiological and health services research make this an exciting and interesting field. Recent government policy guidance provides an impetus for service innovation and the results of public enquiries help to prioritize initiatives to combat discrimination that people with intellectual disabilities can be subjected to when accessing health services.

People with intellectual disabilities experience high rates of mental disorders especially if problem behaviours are included in the prevalence rates. They are more likely to have associated physical health problems particularly people with more severe intellectual disabilities. There are many challenges in supporting people with intellectual disabilities overcome mental health problems. The ascertainment

of mental disorders in this population is far from straightforward: the existing major classification systems, ICD-10 and DSM-IV-TR, are difficult to apply because the criteria for many mental disorders assume a level of ability and development that is lacking in our population. Furthermore, onset or relapse of a mental disorder may be unrecognized because of assumptions that people with intellectual disabilities behave in a certain way. Conditions that are treatable may therefore remain untreated and consequently the individual's needs are not met and their quality of life is reduced. *Intellectual Disability Psychiatry* will enable readers to effectively challenge this diagnostic overshadowing.

Chapters cover the key topics in the psychiatry of intellectual disability and include illustrative cases and examples of good practice. Communication is the topic of our first main chapter, and returned to many times in *Intellectual Disability Psychiatry* because it is so essential. Good communication skills can make all the difference for a clinician to be able to identify mental health problems in people with intellectual disabilities, and deliver treatment interventions.

In many parts of the world, there are no specific mental health services for people with intellectual disabilities. In other places, people with intellectual disabilities use a combination of specialist and mainstream services. We hope *Intellectual Disability Psychiatry*, written from a practice perspective, will help enable all psychiatrists to have the confidence and skills to work with people with intellectual disabilities. We have designed it to be an invaluable aid in achieving professional competencies and passing professional exams such as the MRCPsych. It is also highly relevant to other health professionals and social workers working with this client group.

We have deliberately avoided making *Intellectual Disability Psychiatry* an exhaustive research guide, though references to important papers are included as well as suggestions for further reading.

Psychiatry for people with intellectual disabilities is a very well established specialty in the United Kingdom, and several of our contributors use UK legislation and services to illustrate important principles. However, the content and information presented in *Intellectual Disability Psychiatry* can be adapted and applied in other settings outside the UK. We have intentionally adopted an international perspective in our community care chapter, and solicited contributions from three continents to help ensure an outward looking, forward thinking focus.