

Intellectual disability (ID) is a diagnosis given when an individual has problems both in intellectual functioning and the ability to function in everyday activities. An individual with ID may have problems with speaking, reading, eating, using a telephone, taking care of themselves, or interacting appropriately with others. In the past, we used to use the term "mental retardation," but we no longer use that term. Intellectual disability is diagnosed before the age of 18. Most children with intellectual disabilities can learn a great deal and as adults may have partially or even fully independent lives. Individuals with intellectual disabilities may also have different physical problems such as seizures, seeing, hearing, or speaking.

When intellectual disabilities are suspected, it is very important that the child has a comprehensive evaluation to find out the cause of the intellectual disability, and strengths and specific needs to support gaining new skills. Many professionals are involved in the evaluation. General medical tests as well as tests in areas such as neurology (the nervous system), psychology, psychiatry, special education, hearing, speech and vision, and physical therapy are part of the evaluation. A clinician, often a pediatrician or a child and adolescent psychiatrist, coordinates these tests.

When the evaluation is done, the evaluation team along with the family and the school develop a comprehensive treatment and education plan. When a child has intellectual disabilities, the goal is to help the child stay with the family and take part in community life. Each state offers a variety of educational and support services.

Emotional and behavioral disorders may be associated with intellectual disabilities, and they may interfere with the child's progress. Most children with intellectual disabilities recognize that they are behind others of their own age. Some may become frustrated, withdrawn or anxious, or act "bad" to get the attention of other youngsters and adults. Children and teens with intellectual disabilities may be victims of bullying in school and social settings. Adolescents and young adults with intellectual disabilities may become depressed and even suicidal. Youth, teens, and young adults may not have the language skills needed to talk about their feelings, and their depression may be shown by new problems in their behavior, eating, and sleeping. It is important to have your child with intellectual disabilities evaluated both medically and psychiatrically if you noticed sudden changes in the child's behaviors, including aggressive behaviors. The child may also be experiencing an underlying medical problem that they cannot tell you about.

Early diagnosis of psychiatric disorders in children with intellectual leads to early treatment. Medications can also be helpful as one part of overall treatment and management of children with intellectual disabilities.

Working with a child and adolescent psychiatrist over the course of childhood can help the family in setting appropriate expectations, limits, opportunities to succeed, and other measures which will help

their child with intellectual disabilities handle the stresses of growing up. In your state, you and your child may have a case manager to help make sure all of the services are being given to your child. There is hope; each child is different and may reach goals not felt possible when the diagnosis of intellectual disability was made.