

Fact sheet

For clinical and non-clinical professionals
who work with young people

Neurodevelopmental disorders and youth mental health

Neurodevelopmental disorders (NDs) are a collection of conditions that have three features in common:

1. they are first seen in infancy or early childhood
2. brain development is disturbed
3. they are stable and do not show episodes of worsening or improving.

Definitions vary but NDs can include impaired motor, learning, language, non-verbal communication and/or sensory functions. Examples of NDs are attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), learning disabilities, intellectual disability (ID), cerebral palsy and impairments in vision and hearing. The most prevalent conditions are ADHD, ASD and ID. It is common for young people who have these conditions to seek help for comorbid mental health problems, including depression or anxiety.

This fact sheet can assist professionals and support workers who work in the youth mental health field to: 1) understand the nature and impact of three common comorbid neurodevelopmental conditions; 2) suggest useful resources that assist in working with young people with these conditions; and 3) suggest other sources of support available.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a condition in which the symptoms of inattention, distractibility, impulsivity and hyperactivity begin early in life and make the child appear different to their same-aged peers. All children exhibit these characteristics at times, but for children with ADHD these problems are constant through childhood and have a broad impact on their development and functioning.

While it used to be thought that ADHD was a condition of childhood, more recent research has shown that it persists into adolescence in about 75% of cases¹. A recent report indicated that 15% of childhood ADHD cases will continue to meet diagnostic criteria in adulthood². Current diagnostic manuals present three sub-types of ADHD based on whether symptoms are predominantly hyperactivity, inattention or a combination (see DSM-5 for a full description of the diagnostic criteria).

ADHD and youth mental health

People with ADHD often have other mental health problems. Common co-occurring illnesses include: depression, anxiety, bipolar disorder, oppositional defiant disorder, conduct disorder and substance use disorders.

Having more than one illness complicates the assessment and treatment of all concurrent conditions, and careful history-taking and referral to qualified and experienced clinicians is recommended to confirm diagnoses and develop treatment plans.

Individuals with ADHD can learn coping skills and illness self-management techniques to help them reduce the impact of their symptoms and achieve their goals in life. Healthy eating, sleeping, exercise and relaxation routines, avoiding alcohol and illicit drugs and developing strong supportive relationships all help to minimise mental health difficulties.

Where can I get help for ADHD?

- [ADHD Australia](#) – information, advocacy and support groups.
- [Attention Deficit Disorder Association \(US\)](#) – websites, organisations, services, information, products and social networking sites.
- [CHADD: Children and Adults with Attention Deficit Hyperactivity Disorder \(US\)](#) – education, advocacy and training.
- [Adults with ADHD](#) – information about supporting adults and families.

Autism spectrum disorder (ASD)

Autism spectrum disorder (ASD) affects a person's ability to interact with the world around them. ASD is thought to have neurological or genetic causes (or both). ASD has wide-ranging levels of severity and varying characteristics. No two people on the autism spectrum are alike, with different features of the condition being more or less prominent in each individual. ASD affects around one in 100 people, with males being around four times more likely to be diagnosed than females. People on the autism spectrum have difficulties in two main areas: 1) social communication and interaction; and 2) restricted or repetitive behaviours, interests and activities.

Comorbidity and ASD

People with ASD often present with other co-occurring conditions, including epilepsy, depression, anxiety, obsessive-compulsive disorder and eating disorders. Intellectual functioning varies widely across individuals with ASD, ranging from superior levels to profound impairment. Anxiety disorders – especially social anxiety disorder – are the most common co-occurring mental illnesses, and together these conditions often have negative impacts on functioning and the achievement of developmental goals.

Treatment adaptations for ASD

Careful assessment, treatment planning and appropriate adaptations of evidence-based treatments to take account of communication and behavioural differences in ASD is required to improve overall functioning and coping. Evidence-based therapies for these mental illnesses can be adapted to help young people with ASD.

Where can I get help for ASD?

- [Amaze](#) – information, advocacy and support groups.
- [Launchpad \(Autism Spectrum Australia\)](#) – a resource for young people with autism, and their families, who are about to leave school.
- [Tony Attwood's website on Asperger's Syndrome](#) – a guide for parents, professionals and people with asperger's syndrome.
- [Fact sheet: Autism spectrum disorder and young people \(Orygen\)](#).
- [Manual: Autism Spectrum Disorders and Comorbid Mental Health Conditions \(Orygen Youth Health\)](#).

Intellectual disability (ID)

Intellectual disability (ID) is the term given to permanent impairment in general mental abilities that results in reduced functioning. It is a lifelong disability that becomes apparent early in development and is diagnosed following standardised testing and assessment of level of adaptive functioning relative to same-aged peers. ID impacts on conceptual (e.g. language, knowledge and reasoning), social and practical skills, and can range from mild to severe. People with an ID have a wide range of support needs depending on their level of disability.

Comorbidity and ID

Throughout the lifespan, people with an ID are two to three times more likely to have a mental disorder than the general population. Young people with ID display the full range of mental illnesses that are seen in the general population; however, as they also experience many barriers to accessing mental healthcare, they are less likely than the general population to receive treatment for mental health problems.

Unfortunately, mental ill-health in people with an ID is often unrecognised, misdiagnosed and inadequately treated. It is a recognised human rights issue that access to, and the standard of, mental healthcare for people with ID needs to improve in Australia and worldwide³.

Treatment adaptations for ID

With appropriate adaptation of treatment, people with a mild to moderate ID and good communication skills can usually describe their problems and receive appropriate treatment in standard mental health settings. It is essential to simplify processes and messaging, involve family and carers, monitor understanding and ensure that care is well coordinated in order to adequately address the mental health needs of young people with ID. Professional development for mental health staff around working with people with an ID will improve confidence and competence in this important work.

Where can I get help for ID?

- [3DN](#) (Department of Developmental Disability Neuropsychiatry) – resources for professionals and carers, online training.
- [Centre for Developmental Disability Health](#) (CDDH) – resources and training to support health services to address the health needs of adults with intellectual disabilities.
- [Queensland Centre for Intellectual and Developmental Disability](#) (QCIDD) – education, information and resources.
- [Apps and tools](#) for people with disabilities (Queensland Government).
- [Victorian Dual Disability Service](#) – a joint mental health initiative between St Vincent’s Hospital Melbourne and Melbourne Health to provide a consultation service for Victorian mental health services and online training.
- [Carer Gateway](#) (Australian Government) – information and support groups for carers of someone with an ID.

References

1. Hammerness PG. ADHD. [Electronic Resource]. Westport, CT: Greenwood Press, c2009.; 2009. <https://ezp.lib.unimelb.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cab00006a&AN=melb.b6553242&site=eds-live&scope=site>. Accessed January 10, 2019.
2. Agnew-Blais JC, Polanczyk GV, Danese A, Jasmin Wertz J, Moffitt TE, and Arseneault L. Young adult mental health and functional outcomes among individuals with remitted, persistent and late-onset ADHD in an 18-year prospective cohort of twins. *Br J Psychiatry*. 2018 September;213(3):526–534.
3. Department of Developmental Disability Neuropsychiatry (2014). Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers. Department of Developmental Disability Neuropsychiatry. The Guide is available for download at 3dn.unsw.edu.au/the-guide

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