Infant and Child Mental Health
Professional Development
Webinar Series

CASE STUDY

Working to support the mental health of children with an intellectual disability

Noah is a 9-year-old boy who lives at home with his mother (Amy), father (Ray), and 10-year-old sister (Jesse). He has a moderate intellectual disability and he takes medication for epilepsy and attention deficit hyperactivity disorder. He generally has lots of energy, and is affectionate with people he likes, seeking lots of hugs and interaction. He is known to love dancing, swimming, and "playing tricks" on people to get a laugh out of them. He attends a support unit in a mainstream school.

Noah requires moderate levels of support, instruction and prompting around aspects of daily living (personal care, social skills, and keeping safe). To communicate, Noah has traditionally used a combination of speech (simple, short sentences), some keyword signs, communication boards and books, facial expressions, body language, vocalisations, gestures and eye contact. He and his parents have participated in speech therapy since Noah was 3 years old.

Since a very young age, he has also communicated unmet needs through his behaviour. Meltdowns, non-compliance with reasonable requests, and physical aggression (hitting, pinching, pulling hair, scratching) towards his parents, sister, teachers and paid carers have been challenging for caregivers.

His family and support people were generally able to manage these with behaviour support strategies that involved things like managing his environment (for noise, temperature and other triggers), developing predictable routines, working on communication between Noah and communication partners, and developing consistent responses to behaviours.

In the past 2 years, Noah's sister, Jesse has developed some mental health difficulties (anxiety and tic disorder). She and her parents have been seeing a psychologist for support around these for about a year.

Both parents display a warmth and care for Noah and Jesse, but talk about feeling exhausted and overwhelmed. Amy experienced postnatal depression after the birth of both children. Although she returned to work part-time when Noah was 18-months-old, it was difficult to juggle work with Noah's daily care needs, while also coordinating his supports. She ceased work 3 years ago, and while both parents agree this was a necessary move for them, their reduced income is causing stress. Ray often works overtime to reduce their financial pressure. Most of their family live interstate, except for Amy's mother, who was once very helpful to the family but is ageing and developing health problems.

For at least the last year, Noah's behaviours have become much more challenging. His parents find it difficult to settle him down to bed at night and he wakes around 5am. He hits, pinches and scratches his sister and parents much more frequently, and his parents find it harder to help him calm down. He sometimes cries for extended periods during and after an aggressive incident. There have been a few incidents at school this year too, where Noah has pinched and pulled the hair of a couple of other students. Overall, Noah seems generally more irritable and easily distressed by a myriad of triggers.

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He doesn't seem to dance as much as he used to, he often has an angry or sad facial expression, and he seems restless (pacing). Over the past year his teachers and family have also noted that he requires more one-to-one support, repeated instruction and prompting to complete activities as he seems to become easily distracted, or else restless.