key points

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In the most recent comprehensive survey of the mental health of children in the UK, psychiatric diagnoses were present in 7.7% of boys and 5.1% of girls aged five to ten years. These figures probably underestimate true prevalence.

Early intervention gives the best chance of success because presymptomatic children are more likely to be amenable to change than children with entrenched pathology and damaged social relationships.

The key feature that usually leads to the recognition of child psychiatric disorders is parental concern. Early language delay is a powerful indicator of child psychopathology. 'Clumsiness' and tics can also be important indicators.

Almost all the individual components of the neuropsychiatric disorders are seen in normal children, so normality is the most important differential diagnosis. It is the extent and pattern of the findings that defines the diagnosis.

Treatment with stimulants, such as methylphenidate, or with the noradrenaline reuptake inhibitor atomoxetine should rarely, if ever, be offered without psychosocial intervention.

Health visitors play a key role in supporting families with a child who has a neuropsychiatric disorder. As well as providing a link to social and educational services, they are likely to provide, or have access to, behaviour management programmes.