

The four papers in this issue cover a range of diverse issues, yet all touch clearly on a common theme. This is to do with communication by and with service users. Cronin and Peyton, two service users, give an account of their experiences of, and input into, a psychoeducational event focussed on depression. This includes an outline of difficulties faced by people who have intellectual disabilities (ID) when they turn to “ordinary” health services for help, and advice and guidance on how they might help themselves. Cronin and Peyton outline a self-help guide that they have co-authored with others and include an outline and an example of a staying healthy plan. There is also a URL to download the Mental Health Foundation’s guide *Feeling Down: Looking After My Mental Health*.

Shelton *et al.* describe a case of a young woman who has Ring chromosome 20 syndrome and epilepsy, and who presented psychotic symptoms following changes to her anti-convulsant medication that led to an improvement in her epilepsy. The authors discuss the difficulties encountered in reaching a diagnosis of “alternating psychosis” or “forced normalization”. They discuss several alternative diagnoses and the difficulty of excluding these when historical case information does not include the results of definitive tests.

Kildahl *et al.* open with an outline of the difficulties encountered in diagnosing mental illness in people who have autism spectrum disorder and follow this with an illustrative case study. The authors give a description of diagnostic procedures and the ways in which standardised tools were adapted to suit the circumstances of the service user who could not give his own account of his experiences. The authors discuss the problems encountered in relying on information provided by the informants. Medical and other interventions led to an improvement in presentation, and then the service user could report his symptoms.

Beail gives a brief history of events that led up to the publication of the 2016 report “Psychological therapies and people who have intellectual disabilities” by the British Psychological Society and *Royal College of Psychiatrists*. This author’s discussion includes changes in the provision of psychological therapies for people who have ID in Britain, and developments in research into the effectiveness of these therapies for people who have ID. A brief description of the report’s contents is woven into the discussion.