This special issue of the journal presents a comprehensive analysis of the psychiatric diagnostic assessment of patients with mental retardation and developmental disabilities (MR/DD). The editors decided to create this issue when it came to our attention that, as far as we could determine, this information had never been collected in print before, or at least not in this way. We discovered this in the course of trying to find reading materials for trainees in the field, clinicians experienced in diagnosis of psychiatric disorders but not familiar with those disorders as they present in persons with MR/DD.

 Syndromes and disorders are defined by common history, common presenting phenomena (signs and symptoms), and a common clinical course. These syndromes and disorders have been defined and redefined over at least the past 150 years, in some cases much longer. They were not defined by controlled study but by clinical observation—the wisdom of generations of clinicians. Recent controlled observation merely refines that wisdom. Discovery or first observation of signs and symptoms—the appreciation of, for example, hallucinations as a sign of pathology—are lost in the mists of time. There are thus no references to be had here. The diagnostic criteria I was taught for Schizophrenia in 1970 went back to Bleuler in the 19th century. He had no references to offer beyond his clinical experience with hundreds of patients. That is what we offer.

The writers of these articles are clinicians each with a minimum of 15 years’ experience in the diagnosis of psychiatric disorders in persons with MR/DD, meaning experience in recognizing psychiatric disorders known from centuries of experience in neurotypical persons as they appear in persons with MR/DD. We began with a first draft, and the draft was circulated, each author and editor adding to or amending the text until we had as complete a compendium as we could produce of what should be sought, where it could be found, and what can be observed and elicited to arrive at a diagnosis, just as it is done for neurotypical patients. The model we follow is the standard History and Mental Status Examination models taught in the most widely used textbooks of psychiatry and child psychiatry.

The History and Mental Status Examination are the basics of the mental health evaluation. One could learn how to recognize, for example, Schizophrenia, or Bipolar Disorder in persons with MR/DD by reading about those topics, and go on to try to find descriptions of every other clinical entity. That is not, however, how a clinician goes about arriving at a diagnosis. A clinician gathers history by interviewing patient and caregivers, examining documentary history, and fitting together observations to complete the puzzle—the diagnosis. The information in these articles is arranged in that way, detailing what kind of information to seek and what it may mean.

Because we do not always have all the information we need or want, it makes sense to discuss the topics of Diagnostic Uncertainty—what to do until more information arrives—and the never-officially-discussed question of the use of DSM-IV Axes IV and V with patients with MR/DD.

The authors and editors welcome comment and suggestions from readers. There is an urgent need for critical discussion, research, and consensus on the diagnosis of psychiatric disorders in this population.