MENTAL HEALTH OF CHILDREN WITH LEARNING DISABILITIES

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Abstract

Mental health problems may affect anyone but it can be overcomed with treatment, which is not true of learning disability. Approximately 40% of adults with a learning disability also have a mental health problem. Children with learning disabilities find it difficult to build social relationships and getting on with their peers than children without learning disabilities. A learning disability is also likely to reduce a child's capacity for finding creative and adaptive solutions to life's challenges. All these factors have a negative impact on mental health, which puts people with learning disabilities at greater risk of developing mental health problems. Teachers are in a unique position to really make a difference when it comes to promoting and addressing student mental health concerns in and out of the classroom. Here are four suggestions to consider. It is about establishing comprehensive, multifaceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighbourhoods. (UCLA, 2004, p. 1). This paper may will give a brief idea about the mental problem of children with learning disabilities.

Keywords: *Mental Health, Children, Learning Disabilities*

Introduction

Mental health problems refer to a range of emotional, psychological and psychiatric problems including depression, anxiety and schizophrenia. Mental health problems can affect anyone at any time and may be overcome with treatment, which is not true of learning disability. Approximately 40% of adults with a learning disability also have a mental health problem. This paper focused mental health and illness of children with learning disabilities. Treatment & role of teachers handled the children with learning disabilities with mental health.

Mental Health & Behaviour

Behavioural and cognitive-behavioural approaches are used for treating behaviour disorders in people with learning disabilities; however, literature focusing specifically on dual diagnosis is scarce. For example:

- Behavioural relaxation training has been found to be effective in the treatment of generalized anxiety in people with learning disabilities (Lindsay and Morrison, 1996).
- Case studies of cognitive behaviour therapy indicate positive results (Lindsay et al., 1997).
- Other case studies relate to the treatment of depression using behavioural methods (Benson, 1990)

Learning Disability & Mental Health Morbidity

People with a learning disability have high rates of mental health comorbidity (Deb *et al*, 2001). Epidemiological studies have suggested a prevalence rate of 31–41% (Cooper *et al*, 2007; Morgan *et al*, 2008). For those in contact with specialist learning disability health services, a recent study (Kiani *et al*, 2013) offers a good demonstration of this point.

The counties of Leicestershire and Rutland (including the city of Leicester) have a total population of just under 1 million and one would expect around 10 000–20 000 people with a learning disability there. The long-established Leicestershire Learning Disability Register (McGrother *et al*, 1993) has only 3062 people on it and of these 2713 receive help from the specialist learning disability services of the local NHS trust (Kiani *et al*, 2013). Of this 2713, between 33 and 35% (about 920 people) have a diagnosable mental disorder based on ICD-10 criteria.

Reason for children with learning disability have poor mental health (Royal College of Nursing, 2010). Four types of risk factor are below,

- Biology and genetics may increase vulnerability to mental health problems (RCN, 2010)
- A higher incidence of negative life events (Emerson and Hatton, 2007; Main and Pople, 2011)
- Access to fewer resources and coping skills (Kaehne, 2011)
- The impact of others people's attitudes (MacHate and Carey, 2002)

Mental Health Services for CWLD

The development of mental health screening instruments for people with learning disabilities increases the opportunity for carers and health care professionals to provide consistent information to psychiatrists for making appropriate diagnosis, e.g. the Reiss Screen for Maladaptive Behaviour (Reiss, 1998), the Psychopathology Instrument for Mentally Retarded Adults (PIMRA: Senator et al., 1985), the PAS-ADD checklist (Moss et al., 1998) and the Assessment of Dual Diagnosis (ADD: Matson et al., 2000). These instruments do not provide a diagnosis, but will aid in the screening of mental health disorders in this population, thus stimulating the need for further comprehensive assessments and investigations by psychiatrists and other professionals for accurate diagnosis and treatment.

The nature and manifestation of different types of mental illness in people with learning disabilities are prone to confusion. For example, is the manifestation of schizophrenia in people with LD the same as in the ordinary population? How can we detect symptoms of delusions and hallucinations in people with severe learning disabilities? As many people with moderate learning disabilities may express thoughts and feelings based on fantasies copied from media, this is indeed a professionally challenging task. What is more confusing and complex is the fact that people with learning disabilities may show a multiplicity of symptoms and problems. For example, a person with Down's syndrome may also have hypothyroidism, severe behaviour problems, physical illness and dementia.

The scarcity of published studies of interventions (other than medication) for people with dual diagnosis indicates the level of the knowledge base. This directly relates to the unmet needs of people with dual diagnosis, which are in the areas of assessment and diagnosis, behaviour and psychological interventions, skill teaching for life and living, health screening and nursing care, help with communication, promoting self-esteem through engagement and social life, and support and training for family and paid carers (Raghavan, 2000).We tend to rely too much on prevalence

estimates and service models while discussing the needs of people with dual diagnosis, and do not focus enough on therapeutic interventions. It is sensible to have a systematic approach in implementing the interventions and analysing outcomes using a protocol of interventions. Wing et al. (1992) have argued that without a treatment protocol, there is a risk that in many cases some viable treatment options will not be considered systematically, and that, in the absence of alternatives, ineffective treatments will be continued for too long.

Treatment and Support

Talking therapies involve talking to someone who is trained to help deal with negative feelings. They can help anyone who is experiencing distress. Talking therapies give people the chance to explore their thoughts and feelings and the effect they have on their behaviour and mood. Describing what's going on in your head and how that makes you feel can help you notice any patterns which it may be helpful to change. It can help you work out where your negative feelings and ideas come from and why they are there. Understanding all this can help people make positive changes by thinking or acting differently.

Talking therapies can help people to take greater control of their lives and improve their confidence. Talking therapies may also be referred to as:

- talking treatments
- counseling
- psychological therapies or treatments
- psychotherapies

Assessments and treatments for children and young people with mental health problems put a lot of emphasis on talking and on understanding the problem in order to work out the best way to tackle it. For young children, this may be done through play.

Talking therapies and counseling for children often involved the whole family. Talking therapies can work well for people with learning disabilities who are more able to communicate, but may not be appropriate for those with more complex disabilities.

Children and young people with learning disabilities are also much more likely to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments.

Children with learning disabilities can find it hard to build social relationships, and are more likely to say that they have difficulties getting on with their peers than children without learning disabilities. A learning disability is also likely to reduce a child's capacity for finding creative and adaptive solutions to life's challenges. All of these factors are known to have a negative impact on mental health, putting people with learning disabilities at greater risk of developing mental health problems.

The increased risk of having a mental health problem cuts across all types of psychiatric disorders. Children with learning disabilities are:

- 33 times more likely to have an autistic spectrum disorder than the general population
- 8 times more likely to have ADHD
- 6 times more likely to have a conduct disorder
- 4 times more likely to have an emotional disorder
- 3 times more likely to experience schizophrenia

- 1.7 times more likely to have a depressive disorder

These problems may be worsened for those with greater support needs, particularly if they are unable to communicate about their feelings or communicate their distress. Identifying mental health problems in 4 children with learning disabilities If we are concerned about a child or young person and have a 'gut feeling' they may be experiencing a mental health problem, it can be helpful to think about what exactly has changed about them or their behaviour which has raised these concerns.

The National Association for Special Schools (NASS) suggest that you look at seven key areas of a child's life when you are considering what is 'usual' for them and where you might notice changes that indicate mental health problems:

- Relationships - What do they like doing with others? How do they interact with those around them? Who do they like to spend time with?
- Behaviour - Are they usually calm and relaxed?
- Emotions - How do they show that they are happy or sad?
- Thinking and Learning - What tasks do they enjoy? How long can they concentrate for?
- Physical Appearance - What is their usual posture or skin tone?
- Communication - Do they normally make eye contact, use sign language or gestures?
- Daily activities - What are the activities they enjoy? How do they usually feed or sleep?

Anxiety and learning disabilities Anxiety problems in children with a learning disability can be overlooked due to communication difficulties. Children and young people with learning disabilities may not have insight into their emotions or feelings, and can struggle to communicate these feelings verbally. Therefore it can sometimes be more useful to look at observable behaviours they may exhibit rather than relying on their own reports of their feelings. It is also worth noting that children with learning disabilities are more likely to talk about the physical sensations of anxiety because of the difficulty of describing their emotional state. In children with more severe learning disabilities, symptoms of anxiety can often be misdiagnosed as challenging behaviour. The more profound the disability, the more likely a child will demonstrate anxiety through their behaviour, Some conditions such as autism, Asperger's Syndrome and ADHD can have increased anxiety as part of the symptoms, which may be due to neurological differences in the way the brain functions. Children and young people with these conditions can really benefit from help to recognise and manage their anxiety, although the underlying condition will remain.

Mental disorders are the common and disabling condition that affect young people and therefore have major implications for students and for schools:

- Mental disorders affect a student's emotional well-being.
- Mental disorders affect a student's ability to learn
- Mental disorders are a factor for students drop out

Role of Teachers for Handling Mental Illness Children in Schools

Teachers are in a unique position to really make a difference when it comes to promoting and addressing student mental health concerns in and out of the classroom. Here are four suggestions to consider.

Policy Reform: Support the development of policies and plans that recognize the importance of integration of mental health into educational institutions.

Curriculum: Support the application of a mental health curriculum, which in turn provides health promotion and addresses stigma through scientific knowledge.

Support System: Implement infrastructures and support systems within your school; for example establish a mental health task force that can pioneer a program including gatekeepers, student services expertise, community links, etc.

Teacher Training: Support the expansion and functioning of appropriate professional mental health training programs for teachers and other educators.

Conclusion

Serious mental illnesses and learning disabilities Diagnosis of a serious mental illness such as schizophrenia or bipolar disorder in someone with a learning disability is difficult and rarely made, particularly in children and young people with a learning disability. Diagnoses of these illnesses often rely on people's description of their internal experiences, which people with a learning disability may be unable to articulate clearly. Initiating mental health in schools is about much more than intensifying services and creating full service schools. It is about establishing comprehensive, multifaceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighbourhoods. (UCLA, 2004, p. 1)

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