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Mental Health Problems in Children and Young People with Learning Disabilities

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We all have mental health. Mental health relates to how we think, feel, behave and interact with other people. At its simplest, good mental health is the absence of a mental disorder or mental health problem. Adults, children and young people with good mental health are likely to have high levels of mental wellbeing. The World Health Organisation has defined mental wellbeing as “a state of mind in which an individual is able to realise his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (World Health Organisation, 2010). It can be helpful to understand wellbeing as being made up of two key elements

- Feeling good
- Functioning well

Feeling good means experiencing positive emotions like happiness, contentment and enjoyment. It also includes feelings like curiosity, engagement and safety. Functioning well is about how a person is able to function in the world. This includes having positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose. Mental well-being does not mean being happy all the time and it does not mean you won't experience negative or painful emotions such as grief, loss, or failure, which are a normal part of life. People with high levels of well-being will still experience these feelings, but are likely to be better able to cope with them without it having a significant impact on their mental health.

Objective of the Study

To find out the significance of mental health problems in children and young people with learning disabilities

Mental Health Problems in Children and Young People

Just as we can develop problems with our physical health, mental health problems will be experienced by many of us over the course of our lives. Mental health problems range from the worries we all experience as a part of our everyday life, to serious long term conditions that can be very difficult to manage and have a huge impact on people's lives. “Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression...and disorders due to drug abuse. Most of these disorders can be successfully treated” (World Health Organisation, 2013). It is estimated that one person in four will be affected by a mental health problem each year:

- Anxiety and depression are the most common problems, with about 1 in 10 people affected at any given time (McManus S, et al., 2009). Anxiety and depression can be severe and long-lasting and have a big impact on people's ability to lead their daily life.
- Between 1 and 2 in every 100 people will experience a serious mental health problem such as bipolar disorder, psychosis or schizophrenia (Ibid.). People affected may hear voices, see things no one else sees, hold unusual beliefs that are not in line with what is generally accepted as real, feel unrealistically powerful or feel worthless, with a loss of interest in daily life.

Mostly things that happen to children don't lead to mental health problems on their own, but traumatic events can trigger problems for children and young people who are already vulnerable. Changes often act as triggers: moving home or school or the birth of a new brother or sister, for example. Some children start school feel excited about making new friends and doing new activities, but there may also be some who feel anxious about entering a new environment.

Teenagers often experience emotional turmoil as their minds and bodies develop. An important part of growing up is working out and accepting who you are. Some young people find it hard to make this transition to adulthood and may experiment with alcohol, drugs or other substances that can affect mental health.

Children and Young People with Learning Disabilities

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Children and adults with learning disabilities are not exempt from experiencing mental health problems. In fact, children with learning disabilities are at much greater risk of having mental health problems than the general population (Emerson and Hatton, 2007). 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 (Ibid.). 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 (Ibid.).

Identifying Mental Health Problems in Children and Young People with Learning Disabilities

If a child has a mild learning disability or has a good level of verbal communication, they may have similar symptoms to the general population. Those with a more significant degree of disability, particularly those who have difficulties with verbal communication, are more likely to display mental health problems through changes in behaviour and behavioural problems, including challenging behaviour. It can be difficult to diagnose mental health problems in children with learning disabilities. This can be because:

- Behaviour difficulties are attributed to the child's learning disability
- They have unusual/infrequent presentation of symptoms
- They might not express the symptoms clinicians would usually look for
- Medicines taken for physical health problems may mask mental health symptoms

The presentation of mental health problems in people with a learning disability will depend on:

- The cause of their disability
- Their level of disability
- Their personality
- Their cultural background
- Environmental factors (Pappas and Frize, 2010).

Symptoms of Mental Health Problems

There are some specific symptoms of mental health problems in people with learning disabilities that you may be able to identify. The following section lists common symptoms for depression, anxiety disorders, obsessive behaviour and serious mental illnesses such as schizophrenia and bipolar disorder (Pappas and Frize, 2010).

I. Depression and learning disabilities

Depression is the most common mental disorder experienced by people with a learning disability. However, it can be difficult to diagnose depression in someone with a learning disability, because some of the symptoms of depression experienced by the general population can be a part of the 'usual' behaviour or presentation of someone with a learning disability. It is therefore important to consider whether there have been any changes in the person's usual behaviour that might in fact signal depression.

Common symptoms that you might see in someone experiencing depression: Increased tearfulness, crying without any reason, irritability, restlessness, aggression, self-injurious behaviour, property damage, changes in appetite – eating too little or too much, severe sleep disturbance – difficulty sleeping or waking up too early in the morning, weight loss, total social withdrawal, unwillingness to use speech, slowness in thought and movement, deterioration in social and self-help skills

II. 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

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with these conditions can really benefit from help to recognise and manage their anxiety, although the underlying condition will remain.

Common symptoms of anxiety that might be described by children and young people include:

- a. Emotions: Irritability, impatience, anger confusion, and feeling on edge, nervousness, excessive fear.
- b. Thoughts: worry about past/future events, mind racing or going blank, poorer concentration and memory, trouble making decisions.
- c. Physical: dry mouth, pounding heart or rapid heartbeat, chest pain, blushing, shortness of breath, dizziness, headache, sweating, tingling or numbness, sweating, stomach pains, nausea, vomiting, diarrhoea, muscle aches and pains (neck, shoulders, back, restlessness, tremors, shaking, difficulty sleeping).

Common symptoms you may observe in a child's behaviour include: avoiding situations or people, obsessive compulsive behaviour, distress in social situations, increased use of alcohol or other drugs, self-injurious behaviour, aggressive, disruptive, defiant, self-soothing behaviours, clingy or over demanding, withdrawal, over-activity, seeming to freeze, repetitive questioning.

III. Obsessive behaviour and learning disabilities

It can be difficult to distinguish between compulsions that are symptomatic of obsessive anxiety disorders and stereotypic behaviour in a person with a learning disability. Typically individuals engaged in stereotypic behaviour do not seem to want to stop the behaviour and do not seem to be distressed by it. In contrast, people with compulsive behaviours may try to resist performing the behaviours, which causes distress. Five types of compulsion are common in people with a learning disability: Ordering compulsions (e. g. arranging objects/people into certain spots), Completeness/incompleteness compulsions (e. g. closing doors, dressing and undressing), Cleaning/tidiness compulsions (e. g. repeatedly cleaning one body part, must take out the rubbish when full), Checking/touching compulsions (e. g. touches items repeatedly), Grooming compulsions (e. g. checks self in mirror excessively).

IV. 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. However, there are some common symptoms of psychosis, schizophrenia and bipolar disorder of which it is worth being aware.

Common Symptoms:

- a. Psychosis: hearing people talking when nobody is around, seeing things that are not really there, developing strange thoughts, behaving in an odd manner, difficulty in thinking clearly, losing interest in daily activities
- b. Schizophrenia:
 - Delusions – false beliefs, such as being persecuted or being under outside control
 - Hallucinations – false perceptions, such seeing, hearing, feelings, tasting or smelling things which are not actually there
 - Difficulties with thinking, concentration and memory
 - Loss of motivation
 - Social withdrawal
- c. Bipolar disorder:
 - Depression
 - Mania (increased energy and over activity, elevated mood, need for less sleep than usual, irritability, rapid thinking and speech, lack of inhibitions, grandiose delusions, and lack of insight).

The difference between mania and depression for people with a learning disability is not as distinct as it is for the general population. People with a learning disability are also more likely to experience rapid cycling (more than four episodes of either mania or depression in a year) than the general population (Pappas and Frize, 2010).

Conclusion

Good mental wellbeing is closely linked to good mental health, but they are not quite the same thing. Someone who has been diagnosed with a mental health problem may experience high levels of wellbeing for some of the time, but would be more likely to experience periods of low wellbeing than someone without a mental health problem. Equally, supporting people who have low levels of wellbeing can help to prevent the development of mental health problems, particularly depression, stress and anxiety, and supporting the wellbeing of people with mental health problems can support recovery and improve health outcomes. Our mental health and wellbeing are strongly

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influenced not only by our individual attributes, such as age, personality, gender or genetics, but also by the circumstances in which we find ourselves and the environment in which we live. People are more likely to maintain high levels of wellbeing and protect their mental health if they are resilient. Resilience is the ability to cope with life's challenges and to recover from, or adapt to, adversity. We are not born with a fixed capacity for resilience. Resilience is something that can be learned and improved, as well as eroded or worn down by difficult circumstances, so a person's resilience may change over their lifetime.

Resilience is important because it can help to protect against the development of mental health problems. People with high resilience are more likely to cope with difficult experiences whilst maintaining high levels of wellbeing. And good levels of resilience can help people to recover more quickly if they do experience mental health problems. These are not just things that we should do by ourselves. Community groups, schools, services, and facilities also play a role in promoting the five ways to wellbeing to those they come in contact with and supporting people to take part in them.

Children and resilience Things that can help keep children and young people mentally well include:

- Being in good physical health, eating a balanced diet and getting regular exercise
- Having time and the freedom to play, indoors and outdoors
- Being part of a family that gets along well most of the time
- Going to a school that looks after the well-being of all its pupils
- Taking part in local activities for young people.
- Feeling loved, trusted, understood, valued and safe
- Being interested in life and having opportunities to enjoy themselves
- Being hopeful and optimistic
- Being able to learn and having opportunities to succeed
- Accepting who they are and recognising what they are good at
- Having a sense of belonging in their family, school and community
- Feeling they have some control over their own life
- Having the strength to cope when something is wrong (resilience) and the ability to solve problems (Newman, T., 2004).

There are many different ways that people experiencing mental health problems can manage their own mental health. Self-management has another, more specific, meaning when it describes the way that people can learn to control long-term health problems. Increasing numbers of people with a physical health problem use self-management to help them control their symptoms. People with mental health problems can use a similar strategy to control serious mental health problems such as bipolar disorder or schizophrenia. Health education based on self-management can have as positive an impact on mental health as medical treatment, enabling people to lead fuller, more active lives. Through self-management, many people gain the confidence, skills and knowledge to better manage their mental health and gain more control of their lives at a time when they may feel they have lost control. This is a whole school audit and planning tool that focuses on mental health promotion as well as certain level of health support for children and young people that can be provided for the child within the school setting. It is important to have structures, systems and plans in place to ensure that promotion, prevention and intervention of mental wellbeing are effective, and address the needs of the whole community. These could be simple things such as improving opportunities for socialising, changing the child's activities or staff, or providing greater support over periods of transition.

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