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Mental Health and Learning Difficulties
A Short Guide

For my second year (2014-2015) Special Study towards my Masters in Education, I chose to address the question: *What do teachers need to know about the mental health needs of their pupils and why?* As part of this assignment I put together this short guide to mental health and learning difficulties which summarises some of the findings of my 8000 word Special Study. If anyone would like to read the full study, or would like a list of references, please contact me on: awcolley@outlook.com

For the purposes of this guide, the term ‘mental illness’ refers to levels of emotional, psychological or psychiatric distress that present significant challenges for young people, their families and those who support them. This includes the following types of disorder:

- Non-affective disorders (i.e. not effected by emotions and moods) such as schizophrenia
- Affective disorders (i.e. disorders linked to mood or emotion) such as depression and anxiety.
- Neurotic and stress-related disorders and phobias such as OCD and agoraphobia
- Eating disorders such as anorexia nervosa
- Hyperkinetic disorders such as ADHD
- Conduct Disorders such as self-injurious behaviour (SIB)

It is also important not only to talk about ‘mental illness’, but also mental health or ‘mental wellbeing’ which has been defined by the World Health Organisation (2010) 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 own community*’.

The incidence of mental illness in young people with learning difficulties compared to the general population.

A number of recent studies agree that the rate of all mental illness in people with all levels of learning difficulty is about 40% compared to around 10% for the general population. The rate of mental illness in people with more complex needs has been shown to be even higher.

People with learning difficulties suffer from the same types of psychiatric disorders as the general population though not necessarily in the same proportions. For example, children with learning difficulties are 8 times more likely to have ADHD than those without learning difficulties, 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, and 1.17 times more likely to have a depressive disorder.

Some types of learning difficulty are more prone to certain forms of mental illness. Depression is common in people with Down’s syndrome, and mania, anxiety and distinctive or unusual patterns of eating often present in people with autism. People with Williams Syndrome and Fragile X can show a high incidence of a range of mental health issues, and young people with complex needs often exhibit Self Injurious Behaviour.

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Vulnerability to mental illness

People with learning difficulties are at least as vulnerable to mental illness as anyone else, and the incidence statistics suggest that they may actually be significantly more vulnerable.

Mental illness in all groups is usually caused by a combination of biological, genetic and environmental factors, and in people with learning difficulties we also have to take into account a very complex mix of biological, psychological, social and family factors as well.

Medical and psychiatric conditions often occur together, with internal triggers such as pain, physical illness and puberty leading to psychiatric distress especially where the patient struggles to express or describe that pain. Epilepsy, which is found in 1% of the general population and up to 60% of people with complex needs is commonly associated with co-occurring psychiatric disorders.

Other significant psychological and environmental factors which can create vulnerability to mental illness and are commonly experienced by people with learning difficulties include:

- Feeling trapped or humiliated
- Bereavement
- The loss of a carer, friend or pet
- Placement changes
- Parental separation
- Attachment disorders
- Lack of intimacy
- Social isolation
- Exclusion
- Inactivity
- Institutionalisation

Poverty impacts significantly on mental health and is frequent in families of people with learning difficulties and in particular those with complex needs. It has been estimated that 57% of young people with learning difficulties and mental health issues live below the poverty line, 30% live in the top 20% of Britain's most deprived areas, and 40% are being brought up by a lone parent.

Issues with Diagnosis

There are considerable difficulties with the diagnosis of psychiatric or psychological problems in young people with learning difficulties and in particular in those with complex needs, and as a result these types of problems often go unrecognised and untreated. 'Diagnostic overshadowing' means that often clear signs of a psychiatric disorder are inappropriately attributed to a person's learning difficulty and are not seen as resulting from mental health needs.

The most widely used classification manuals for mental illness – the Diagnostic and Statistical Manuals (DSM) and the International Classification of Diseases (ICD) may not be applicable to the experiences of people with learning difficulties as these manuals tend to classify mental health

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problems as changes from normal, whereas symptoms in people with learning difficulties may not have changed for years. Another issue preventing accurate diagnosis is that diagnostic criteria are predicated on their use by the general population and weighted towards verbal items. A patient normally will be required to communicate verbally his or her distress. This is not always possible with someone with learning difficulties.

Psychiatric disorders such as depression and anxiety can present atypically as behavioural problems including aggression or self-injurious behaviour. Accurate diagnosis will therefore depend on being able to identify which behaviours may be a direct consequence of the learning difficulty and which are not. As practitioners, it is important to challenge the assumption that unusual behaviour is attention-seeking or 'deliberate' and consider whether there may be an underlying mental health component.

Diagnosis of course can and should only be carried out by a doctor. However, teachers are well placed to maintain what the Royal College of Psychiatrists (2001) call 'a high level of suspicion'. Warning signs of a co-occurring mental health issue in someone with learning difficulties can include loss of enjoyment in activities; fear and agitation out in the community; loss of established skills; increase or decrease in vocalisation; appearing to listen to or watch something which is not obvious to others; onset of self-injurious behaviour, aggression, and changes in sleep pattern. Accurate and timely diagnosis also depends on maintaining good communication between family, carers and members of the multi-disciplinary team.

Issues with Treatment

There is a high incidence of mental health issues in people with learning difficulties, but there is at the same time a low utilisation of mental health services. Those requiring help often encounter difficulties in getting appropriate services, and pathways to referral for help and support can be unclear. There are often long delays to access assessment and treatment and young people with learning difficulties can be shunted between mainstream and specialist services. 'Therapeutic disdain' is a term which describes the relative lack of interest shown by professionals in the psychiatric problems of people with learning difficulties.

There are three main strands to the treatment of mental illness in the general population: biological, psychological and psychosocial / environmental, but only the first and third can be expected to be appropriate to many people with learning difficulties because issues with communication mean that 'talking therapies' can be less effective.

There can be an over reliance on psychotropic medications - which are prescribed to over 30% of people with learning difficulties - and a lack of knowledge about appropriate dosage or possible side effects for someone with learning difficulties, particular when taken at the same time as other essential medication.

Psychosocial and environmental treatment can be more useful and include modifications to school or living environments which impact on the young person.

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Impact on Families

The parents and siblings of children with learning difficulties show an increase in anxiety and depression. Attachment disorders are also common as parents struggle to come to terms with having a child with special needs. The stress of caring can be an enormous burden and carers need assistance to find avenues of mutual support. Short term respite care and a range of other support can be vital for the families. The early identification and treatment of mental health problems leads to an improvement in quality of life for the young person and for their families and carers.

Supporting Mental Health

Schools occupy a key role in protecting the mental health of all children. An important key to promoting mental health in all young people is an understanding of the protective factors that enable them to be resilient when they encounter problems and challenges. The word 'resilience' describes the attributes of children who seem able to cope with difficulties, and although people with learning difficulties may seem to have less of this resilience, it is possible to foster a sense of self-esteem and confidence and a repertoire of problem solving approaches. A person-centred approach is important, getting to know the young person and their environment, working with parents and carers, and ensuring that a regular and consistent staff team around the young person make him or her feel valued and has a sense of belonging to the school community. Professional development for staff as well as clear systems of identification, intervention and referral are also essential.