



Assessment of mental health problems in children and adolescents with learning disability

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Learning disability refers to global impairment of intellectual and adaptive functions arising in the developmental period, with an IQ below 70. It is classified into mild, moderate, severe and profound based on IQ.

The prevalence of learning disability varies according to various factors. The aetiology of learning disability is multi-factorial, ranging from insult during the prenatal period to that in adolescence (before the age of 18). A combination of demographic factors, impairment of adaptive skills and certain biological factors increase the risk of psychiatric disorder in people with learning disability.

The prevalence of psychiatric disorders in children with learning disability is affected by factors such as use of non-standardised instruments in studies, use of language based diagnostic criteria in people without verbal ability and reliance of carers for information in a significant proportion of the population. A recent British study found that 36% of children and adolescents with learning disability have a diagnosable psychiatric disorder.

The assessment of children and adolescents with learning disability follows the scheme of the general psychiatric assessment with important modifications, such as allocating more time for the assessment and interview, reliance on informants and on behavioural observation and functional assessment, and conduct on home or school visits to obtain further information.

Risk assessment is comprehensive, focusing on issues of neglect and abuse, in addition to the other areas of risk. The other important components of assessment include physical examination, genetic testing (if appropriate) and baseline investigations.

A multi-axial diagnostic system is preferred in view of the complexity of the presentation. The differential diagnoses include pervasive developmental disorders (PDD), hyperkinetic disorders, psychotic, mood and anxiety disorders, conduct disorders, and tics or Tourette's syndrome.

Reflection questions

(1.9) Reflection

Think of a person with learning disability you know (either in a professional capacity or informally). If you do not know someone with learning disability, think of a person with a mental illness. How many of the risk factors (on page 1.8) for mental illness apply to this person?

(3.2) Reflection

Before you continue, consider your responses to the following questions.

1. How will the assessment of a child without learning disability differ from that of a child with learning disability?
2. How will you assess the mental state of a child who is not able to communicate?

References

American Academy of Child And Adolescent Psychiatry (1999) Practice parameters for the assessment and treatment of children, adolescents, and adults with mental retardation and comorbid mental disorders. *Journal of the American Academy of Child & Adolescent Psychiatry* **38**, 12, Supplement: 5S-31S.

American Psychiatric Association (2000) Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, Text Revision (DSM IV TR).

British Psychological Society (2000) Learning Disability: definitions and Context. Professional Affairs Board of the British Psychological Society.

Carter, A. S., Davis, N. O., Klin, A. et al (2005) Social development in Autism. *Handbook of Autism and Pervasive Developmental Disorders*. Ed: Volkmar, Paul, Klin Cohen. Pub: John Wiley & Sons.

Cleary, M. A. & Green, A. (2005) Developmental delay: when to suspect and how to investigate for an inborn error of metabolism *Archives of Disease in Childhood* **90**, 1128-1132. [[abstract](#)]

Cooper, S. A., Smiley, E., Morrison, J. et al (2007) Mental ill-health in adults with intellectual disabilities: prevalence and associated factors *British Journal of Psychiatry* **190**, 27-35. [[abstract](#)]

Deb, S., Matthews, T., Holt, G. et al (2001) Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disability. Published by Pavilion.

Dekker, M. C. & Koot, H. M. (2003) DSM-IV Disorders in Children with Borderline to Moderate Intellectual Disability. *Journal of American Academy of Child and Adolescent Psychiatry*, **42**, 8, 923-931. [[linking hub](#)]

Doody, G. A., Johnstone, E. C., Sanderson, T. L. et al (1998) 'Pfropfschizophrenie' revisited Schizophrenia in people with mild learning disability. *British Journal of Psychiatry* **173**, 145-153. [[abstract](#)]

Dykens, E. M. (2000) Psychopathology in Children with Intellectual Disability. *Journal of Child Psychol Psychiatry Annotation*: **41**, 4, 407-417. [[abstract](#)]

Emerson, E. & Hatton, C. (2007) Mental health of British children and adolescents with intellectual disabilities *British Journal of Psychiatry*, **191**, 493-499. [[abstract](#)]

Fryers, T. & Russell, O. (2003) Applied epidemiology Seminars in the psychiatry of leaning disabilities 2nd Edn Editors: W Fraser & M Kerr. Royal College of Psychiatrists, London.

Kerker, et al (2004) Public Health Reports Mental health disorders among individuals with mental retardation: Challenges to accurate prevalence estimates 119;409-417.

Kokentausta, T. et al (2007) Risk factors for psychiatric disturbance in children with intellectual disability. *Journal of Intellectual Disability Research*, **51**, 1, 43-53. [[abstract](#)]

Lask, B., Taylor, S., Nunn, K. (2003) *Practical Child Psychiatry: The Clinician's Guide* [online]. Blackwell Publishing. Available from: <http://www.myilibrary.com/Browse/open.asp?ID=19795&loc=i> 17 March 2009.

McDonald, L. et al (2006) Investigation of global developmental delay Arch Dis Childhood **91**, 701-705. [[abstract](#)]

Morgan, V. A., Leonard, H., Bourke, J. et al (2008) Intellectual disability co-occurring with schizophrenia and other psychiatric illness: population-based study. *British Journal of Psychiatry*, **193**, 364-372. [[abstract](#)]

Murphy, K. C. & Owen, M. J. (2001) Velo-cardio-facial syndrome: a model for understanding the genetics and pathogenesis of schizophrenia. *British Journal of Psychiatry*, **179**, 397-402. [[abstract](#)]

Paclawskyj, T. R., Kurtz, P. F. & O'Connor, J. T. (2004) Functional assessment of problem behaviours in adults with mental retardation. *Behavior Modification*, **28**, 5, 649-667. [[abstract](#)]

Royal College of Psychiatrists (2004) Psychiatric services for children & adolescents with learning disabilities. Council Report CR123.

Rush, S. K. et al (2004) Assessing Psychopathology in Individuals with developmental disabilities. *Behavior Modification*, **8**, 5, 621-637. [[abstract](#)]

Rutter, M., Taylor, E. (2002) *Child and Adolescent Psychiatry* [online]. 4th Revised Edition. Blackwell Publishing.

Szymanski, L. & King, B. H. (1999) Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Mental Retardation and Comorbid Mental Disorders. *Journal of American Academy of Child and Adolescent Psychiatry*, **38**, 12 suppl, 5s-31s.

Sturme, P. (2007) Diagnosis of mental disorders in people with Intellectual disability. In: *Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities*. Ed: N Bouras & G Holt. Pub: Cambridge.

World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. Geneva: WHO.

Further reading

Allington-Smith P. (2006) Mental health of children with learning disabilities. *Adv Psychiatric Treatment* **12**, 130-140.

Deb, S. et al (2001) Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disability. Pub: Pavilion for The European Association for Mental Health in Mental Retardation. [[PDF](#)]

Gray, K. M. & Mohr, C. (2004) Mental health problems in children and adolescents with intellectual disability *Curr Opin Psychiatry*, **17**, 365-370.