

**An introduction to Mental Health  
problems in Children and Young People  
with Learning Disabilities**



Hampshire Child and Adolescent Mental Health Service

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## **Learning Objectives**

*“to gain better understanding & awareness of some of the mental health difficulties commonly experienced by children & young people with learning disabilities and to be able to identify early signs of some of those difficulties”*

*“to be familiar with the CAMHS referral process & criteria , the Specialist CAMHS Consultation Line & be aware of alternative services in the local area that can offer information & support”*

## **Contents**

1. What is a Learning Disability?
2. What is Mental Health?
3. Mental Health problems in children and young people with learning disabilities.
4. Mental Health Problems
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4. Challenging Behaviour
5. CAMHS Referral Criteria
6. Where can I get support?



## **MindEd**

*MindEd is a portal that contains a wealth of information for anybody working with children and young people.*

*The bite-sized chunks of e-learning are designed to give you the confidence to identify a mental health issue and act swiftly, improving outcomes for the child or young person involved.*

**Website-** [www.minded.org.uk](http://www.minded.org.uk)



## Resources:

- School (SHIP / ELSA / EP)
- Parenting Courses
- Children's Services – 0845 603 5620
- Autism Hampshire – [www.autismhampshire.org.uk](http://www.autismhampshire.org.uk)
- National Autistic Society – [www.autism.org.uk](http://www.autism.org.uk)
- Parent Voice – [www.parentvoice.info](http://www.parentvoice.info)
- Family Lives - [www.familylives.org.uk](http://www.familylives.org.uk)
- Young Minds Parent Helpline - 0808 802 5544 (Mon – Fri, 09.30 – 4pm)
- Young Minds - [www.youngminds.org.uk](http://www.youngminds.org.uk)
- MENCAP – [www.mencap.org.uk](http://www.mencap.org.uk)
- Challenging Behaviour Foundation – [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)



## Useful Websites:

[www.anxietybc.com](http://www.anxietybc.com) (a really interactive website that has separate tabs to help support “youth” and young adults, parents and adults. This website provides useful information on how to chill, healthy habits and quizzes.

[www.moodjuice.scot.nhs.uk](http://www.moodjuice.scot.nhs.uk) (a self-help site full of resources and booklets for dealing with depression, anxiety, and other difficulties.

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk) (Offers CBT self-help information resources and worksheets) Get self-help depression apps and online Computerised CBT 7 step self-help course



## What is a Learning Disability?

***“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) along with a reduced ability to cope independently (impaired social functioning)”***

(Department of Health, 2001)

The onset of a learning disability (LD) is considered to have started before adulthood, with a lasting effect on development.

## A Learning Disability is NOT-

- Specific Learning Difficulties such as Dyslexia (difficulties with reading, writing and innumeracy).
- Emotional difficulties that may sufficiently have disrupted a young person's schooling and achievement.
- Neurodevelopmental disorders such as ADHD and Autistic Spectrum Conditions.



## What is a Mental Health problem?

*“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. Most of these disorders can be successfully treated.”*

(World Health Organisation, cited by Young Minds, 2013)

## What is the prevalence of the Mental Health problems in Child and Young People with Learning Disabilities?

1 in 3 Children and Adolescents with a LD in Britain have a diagnosable psychiatric disorder. The table below indicates the increased likelihood of such disorders compared to peers without a LD:-

(Emerson, 2007 & Young Minds, 2013)

ADHD	Conduct Disorder	Emotional Disorder	Schizophrenia	Depressive Disorder
8x	6x	4x	3x	1.7x

Children and young people with LD are also 33 times more likely to have an Autistic Spectrum Condition than the general population.

*NOTE– Autistic Spectrum Condition is not a mental health problem.*

## Where can I get support?

### Specialist CAMHS Consultation Line

*The Specialist CAMHS consultation lines provide an opportunity to talk with a mental health professional. They will be able to offer advice on referring to Specialist CAMHS or to discuss alternative strategies/ services that will best meet a young person's need.*

**Available Mon-Fri between 12-1pm.**

**Fareham & Gosport– 01329822220**

**Winchester– 01962828355**

**Eastleigh– 02380673984**

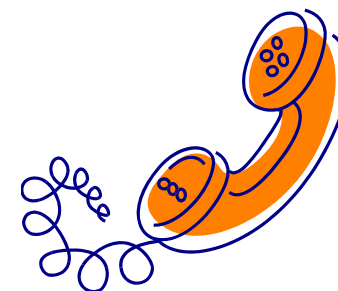
**New Forest– 02380743030**

**Andover– 01264835356**

**Aldershot– 01252335600**

**Basingstoke– 01256392766**

**Havant– 02392224560**



### CAMHS Referral Criteria

Referrals for consultation and/or treatment are likely to be appropriate for CAMHS when:

1. There is concern that a child/young person is developing a **significant psychiatric disorder**, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc.
2. A child/young person is presenting with significant and/or escalating **self-harming behaviour** where there is also evidence of an underlying mental health issue and/or the self-harm is likely to cause lasting damage or on-going mental health difficulties.
3. A child/young person presents with symptoms of **distress** that are **unusually prolonged** or **disabling** secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.
4. There are significant **family relationship difficulties**, which are **leading to impairing mental health** symptoms within the child/young person.
5. A child/young person has a **developmental delay** including tourettes/tics, moderate learning difficulties, or autistic spectrum disorder and there are mental health symptoms or complex presentations.
6. A child/young person is exhibiting **over-activity, impulsivity** and a degree of **distraction/inattention** which is appreciably inappropriate for the child/young person's developmental age and are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

### Why?

- Organic Causes– the organic cause of LD may also cause or predispose to psychiatric disorders.
- Communication Problems– the inability to express feelings may lead to depression or anxiety in those with LD.
- Those with LD have higher rates of social and financial deprivation.
- People with LD are vulnerable to abuse.
- Low self-esteem– stigma and dependence associated with LD.
- Social Isolation– lack of friendships or employment.
- Decreased ability to learn and used coping strategies
- Social/Environmental factors.

### Identifying Mental Health problems in Learning Disability

It can be challenging to identify mental health problems in young people with LD for a number of reasons.

A diagnosis might be overshadowed by attributing behaviour difficulties to the person's LD rather than a mental health problem.

The presentation of symptoms may be infrequent or not usually what clinicians would look for.

Medication for some physical health problems may mask mental health symptoms.

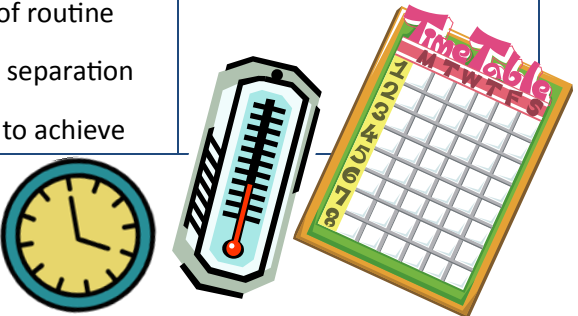
Children with a LD may change their presentation but may not be due to a mental health problem.



## Causes of change in presentation:-

For a child or young person with a LD, internal and external factors can cause their behaviour to change.

External/Social/ Environmental	Internal/Biological
<ul style="list-style-type: none"> <li>• Transitions</li> <li>• Bereavement</li> <li>• Lack of stimulations</li> <li>• Overstimulation</li> <li>• Change in living arrangements/staffing</li> <li>• Change of routine</li> <li>• Parental separation</li> <li>• Inability to achieve</li> </ul>	<ul style="list-style-type: none"> <li>• Physical illness</li> <li>• Pain</li> <li>• Puberty/Adolescence</li> <li>• Missing home/ or a certain person</li> <li>• Psychiatric illness</li> </ul>

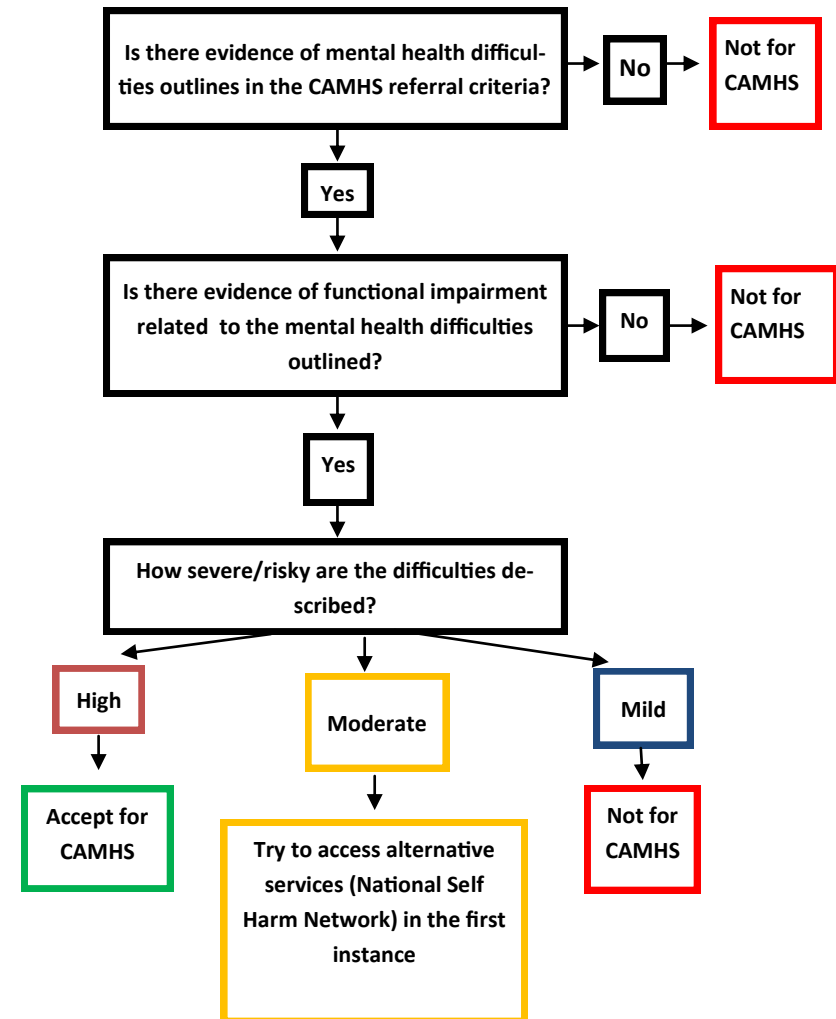


It may be that you can identify the cause of the change in the child's behaviour, and this can help you to provide tailored support. Always consider a reasonable adjustment period to change and this may be longer for a child with a LD.

However, be aware that not all changes in behaviour result from an obvious cause .

## CAMHS Referral Criteria

In the first instance, referrers are advised to call their local CAMHS consultation line for advice and sign-posting to alternative services.

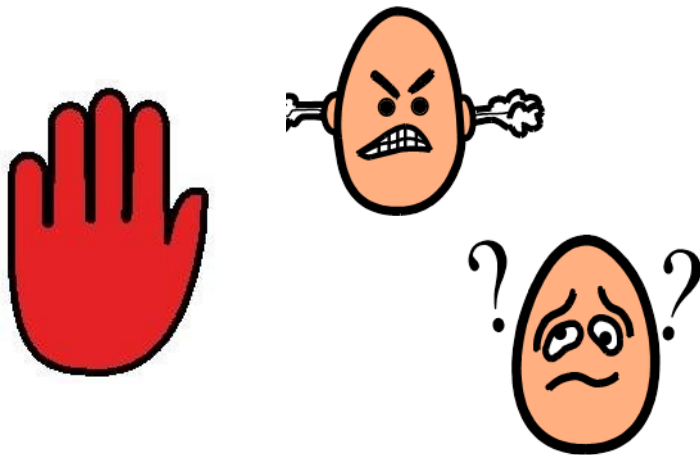


## Why do people with Learning Disabilities display challenging behaviour?

Many challenging behaviours are effective ways for a person with a learning disability to control what is going on around them. Challenging behaviour is not limited to people with a learning disabilities but the term has been particularly applied in this context.

*'Most children without learning disabilities display lots of challenging behaviour during the 'terrible twos' but usually this doesn't last because most two year-olds develop a range of communication and social skills which enable them to get what they want and need more easily. Many children with learning disabilities do not develop these skills and are left with the same needs as other children their age but are much less able to get them met.'*

(Peter McGill, The Tizard Centre, University of Kent cited on the Challenging Behaviour Foundation Website)

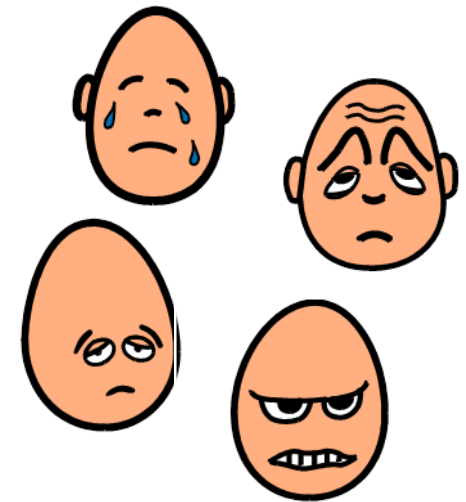


## Mental Health Problems

### Depression

Depression can be hard to diagnose as some symptoms can be part of the 'usual' behaviour of someone with a LD. Consider changes in the person's usual behaviour:-

- Increased fearfulness
- Irritability/aggression
- Feelings of worthlessness
- Sleep
- Change in appetite
- Loss of energy/interest
- Withdrawal



### Anxiety

Children and young people with Anxiety may not have insight into their emotions or feelings and may struggle to communicate these verbally. Try to look at observable behaviour, rather than rely on their ability to report.

Children with LD are more likely to talk about the physical sensations of anxiety because of the difficulty they may have describing their emotional state.





## Symptoms of Anxiety

Emotional	Behavioural	Physical
<ul style="list-style-type: none"><li>• Irritability</li><li>• Impatience</li><li>• Anger</li><li>• Confusion</li><li>• Feeling on edge</li><li>• Nervousness</li><li>• Excessive fear</li></ul>	<ul style="list-style-type: none"><li>• Avoidance</li><li>• Obsessive compulsive behaviours</li><li>• Increased use of alcohol/drugs</li><li>• Self-injurious behaviour</li><li>• Aggression</li><li>• Defiance</li><li>• Clingy or over demanding</li><li>• Withdrawal</li><li>• Over-activity</li><li>• Seeming to freeze</li><li>• Repetitive questioning</li></ul>	<ul style="list-style-type: none"><li>• Dry mouth</li><li>• Rapid heartbeat</li><li>• Chest pain/shortness of breath</li><li>• Blushing</li><li>• Dizziness</li><li>• Headache</li><li>• Sweating</li><li>• Tingling/numbness</li><li>• Stomach pains</li><li>• Nausea, vomiting, diarrhoea</li><li>• Muscle aches/pains</li><li>• Restlessness/difficulty sleeping</li><li>• Tremors/shaking</li></ul>

In children with severe and profound learning disabilities, symptoms of anxiety can often be misdiagnosed as challenging behaviour .

Some conditions such as Autistic Spectrum Condition 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.

## Challenging Behaviour

Challenging behaviour has been used to describe a broad class of behaviours shown by people with Severe Learning Disabilities including:-

Aggression, destructiveness, self-injury, stereotyped mannerisms, behaviours harmful to the individual (eating inedible objects), noncompliance, persistent screaming, disturbed sleep patterns, over-activity, regurgitation of food, smearing faeces.

“A behaviour can be described as challenging when it is of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion. “

(Royal College of Psychiatrists, 2007)





## Psychosis

Hearing voices, hallucinations, developing strange thoughts, behaving in an odd manner, difficulty thinking clearly, losing interest in daily activities.

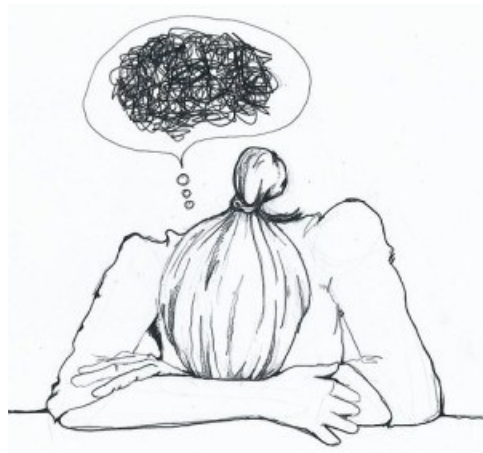
## Schizophrenia

Delusions (false beliefs—persecution or being under outside control), hallucinations (false perceptions, seeing/hearing/tasting/smelling things which are not actually there), difficulty thinking clearly, concentrating or memory, loss of motivation, social withdrawal.

## Bipolar Disorder

Depressions + Mania (increased energy/over activity, elevated mood, need for less sleep than usual, irritability, rapid thinking and speech, lack of inhibitions, grandiose delusions, lack of insight.

People with a learning disability are more likely to experience rapid cycling (more than four episodes of either mania or depressions in a year) than the general population.



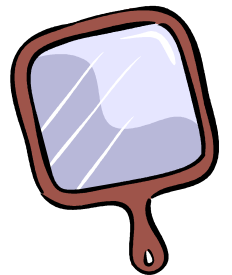
## Obsessive Behaviours

It can be difficult to distinguish between obsessive anxiety disorders and stereotypic behaviour in a person with a learning disability.

Typically, individuals engaged in stereotypic behaviours do not seem to want to stop the behaviour and do not seem to be distressed by it. Meanwhile, people with compulsive behaviours may try to resist performing the behaviours, which causes distress.

### Common compulsions in people with Learning Disability

1. Ordering (arranging objects/people into certain spots)
2. Completeness/incompleteness (closing doors, dressing and undressing)
3. Cleaning/tidiness (repeatedly cleaning one body part/ must take the rubbish out when full).
4. Checking/touching (touches items repeatedly)
5. Grooming (checks self in mirror excessively).



## Serious Mental Illness and Learning Disability

Diagnosis of serious mental illnesses such as schizophrenia or bipolar disorder in someone with a learning disability is difficult and rare to make.

Diagnoses of such disorders often require a person to be able to describe their internal experiences, which people with a learning disability may be unable to articulate clearly.