



## Learning Disabilities and Mental Health (LDMH)

Children and teens living with Learning Disabilities (LD) often experience feelings of inadequacy, frustration, and anxiety because their efforts at school may not result in the same grades and recognition as their peers, despite having average range intellectual skills. Not only do these feelings of failure and frustration, as well as difficulty processing information inherent in learning disabilities, make learning and navigating social relationships even harder, they can also place children at increased risk of experiencing mental health concerns.

The relationship between LDs and mental health is a complex one. An LD doesn't go away but the impact of learning difficulties and social challenges change over time, and impact in different ways at different ages. Mental health difficulties can develop at any point, and often times, signs of mental health challenges are overlooked or misattributed to a child's learning disability. This can result in unnecessary suffering which could be alleviated with the right support. Anticipating the increased risk of mental health concerns and putting preventative strategies in place to support children and teens with learning difficulties is essential not only to their academic development, but also to their overall well-being.

This infolet will explore the relationship between LDs and mental health, with a focus on strategies that can be used both at home and in the classroom to help build resilience and help reduce potential threats to positive mental health.

## Relationship Between Learning Disabilities (LD) and Mental Health (MH): LDMH

Let's begin by defining what is meant by the terms Learning Disability (LD) and mental health:

- **Learning Disabilities** are a group of neurological or brain-based problems that affect one or more ways that a person takes in, stores or uses information (LDAO, 2002). By definition, persons with LDs are smart and can learn: they have specific challenges in one or more areas of learning. LDs are lifelong conditions that affect people differently depending on the situation (taken from LDMH: A Handbook on Learning Disabilities and Mental Health prepared by The Integra Program of Child Development Institute).
- Just like physical health is a state of physical well-being (e.g., healthy body mass, average blood pressure), **mental health (MH)** is a state of mental well-being, in which a person copes effectively and thrives. More specifically, it is the ability to solve problems and overcome difficulties, have healthy relationships, and be connected to the world around us. We all experience mental health challenges at times, such as feeling sad or worried, but for the most part, these symptoms do not last or significantly interfere with daily living.

When times of sadness or worry persist and/or become disruptive to daily activities, it may be time to intervene and seek more support. That is, your child or teen may need to meet with a doctor, psychologist or social worker to learn additional coping strategies to help keep mental health concerns from taking over their life and stopping them from engaging in activities that are typical for someone their age. (see below for more information)

The most common mental health difficulties faced by people with LDs are **anxiety** and **depression**.

- **Anxiety** is a normal part of life. It keeps us alert in the face of danger, and helps us to stay vigilant by pushing us to try our best. However, anxiety can become a problem when it occurs at times when we should be calm and relaxed, but instead we feel that danger is around us all, or most of the time. An Anxiety Disorder can develop when anxious feelings get worse rather than better over time, and interfere with daily activities such as school work, and relationships (Anxiety Canada, n.d.).
- **Depression** is a medical illness that negatively affects how you feel, the way you think, and how you act. Depression is more than feeling sad – it is persistent feelings of helplessness and helplessness, and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home (What is depression?, 2020).

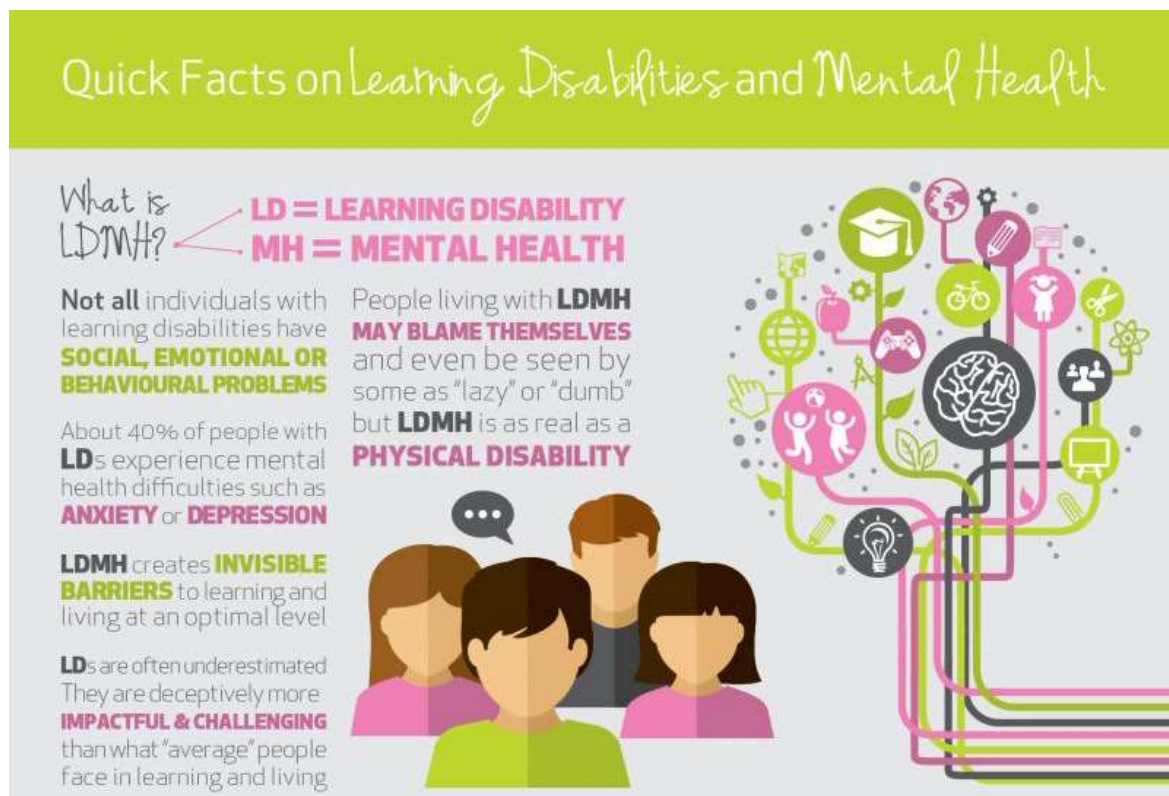
### How common are LDs and co-occurring Mental Health difficulties?

Research suggests that children with LD are two to three times more likely to experience mental health challenges (Integra, 2016).

- According to Children's Mental Health Ontario, about 20 % (or 1 in 5) of the general population of children and teens under the age of 19 struggle with mental health concerns such as anxiety,

depression or low self-esteem, while 40% of people with LDs are estimated to experience mental health concerns.

- In addition, depending on the nature of the LD, it can be hard for children to read social cues, adapt to new social situations, or regulate their emotions or behaviors in order to fit in with peers. In addition, feelings of inadequacy can lead children with an LD to withdraw from others and avoid new experiences. As such, about 75% of children with LDs are estimated to have difficulties with social relationships. Ultimately, children and teens with LDs are at greater risk for bullying and victimization, social isolation and rejection, and feelings of loneliness (Child Development Institute, n.d.)

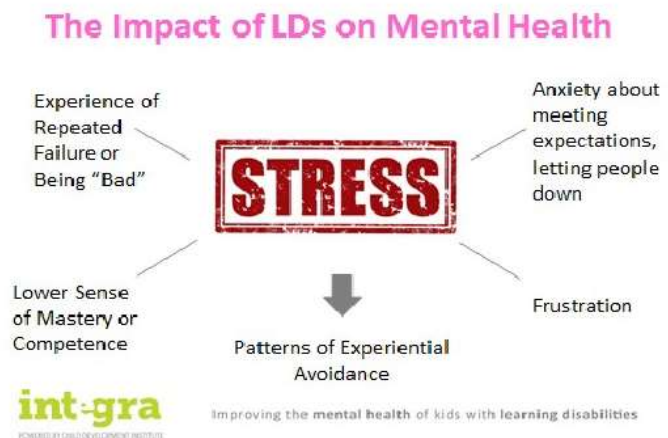


## LDHM (Learning Disabilities and Mental Health)

The interaction of LD and mental health can look different depending on the processing weakness that underlies the LD (i.e., the weakness that is causing the individual to struggle academically regardless of average range thinking and reasoning skills).

Overtime, children/teens may learn to cope by **avoiding** academic tasks and/or social situations that they find difficult or stressful. Although this may bring some very brief relief from stressors, it makes it harder to learn to tolerate these feelings in the long term. This pattern of avoidance will also lead to further academic challenges or academic gaps, which in turn increases feelings of frustration, anxiety, and self-doubt.

With a learning disability, learning experiences will frequently be frustrating and challenging. Because of this, it is easy to become discouraged and forget about learning strengths, particularly when children with learning disabilities struggle with things that seem to be much easier for their peers. Helping children and teens to understand their learning profile, particularly as a means to identify and focus on their learning strengths, can help build their self-advocacy skills. In doing so, they are better able to explain their learning needs to others, and advocate for appropriate accommodations. In turn, this knowledge will help build overall resilience and buffer against the negative impact of learning challenges.



The following section will explore how the different processing weaknesses can mask, coexist, or contribute to mental health challenges, and how caregivers and educators can intervene (Integra, 2016). It is important to note that children and teens with an LD often have more than one processing deficit that is causing learning difficulties, which can have a cumulative (or snowballing) impact not only their academic challenges but also placing them at even more risk for experiencing mental health challenges.

## Executive Functioning

*Executive Functioning (EF) is a collection of processes that are responsible for regulating behaviour and emotional functioning, planning, organizing and regulating cognitive functions, particularly in new situations or when faced with new problems. They help people make choices that are appropriate to situations and then help them carry out their choices. They allow for flexible and adaptive thinking and behaviour. Executive functioning acts as the brain's overall management system.*

Implications for mental health:

- Children and teens who have weak EF often struggle to regulate their emotional reactions, meaning, they often respond in an inappropriate manner by either *overreacting* (yelling, crying, screaming that is excessive to the situation) or *underreacting* (not showing emotion when one would expect it).
- EF weakness can also cause children and teens to struggle to resist impulses and recognize how their behaviour is bothering their peers, and then change their behaviour as a result.
- EF weakness can also make it hard for children and teens to adapt to change, work through problems, and use positive self-talk, making it hard for them to cope with loss/struggle.
- Sometimes, the emotional challenges you see are a result of disorganization, difficulty focussing, difficulty making decisions, or struggle to keep up with classmates, and this could be causing anxious feelings or depressive symptoms (e.g., feelings of helplessness and hopelessness).
- As a child or teen begins to feel more anxious or sad, the less able they are to concentrate, organize, and plan, which further compromises their ability to regulate their emotions, create a plan, and complete tasks.



- Children and teens who struggle with EF may find themselves questioning their own ability because they see their peers working independently through academic tasks, and even though they have understood the lesson to the same degree as their peers, they feel they have ‘missed an instruction’ that everyone else seemed to get, telling them what to do and how to get started. This can decrease confidence and increase the chance they will give up rather than persevere.



Strategies and supports that may be helpful include:

- \* Help the child/teen to label their emotions and recognize early warning signs they may be struggling to self-regulate. Also, help them develop coping strategies to become more regulated such as calm breathing, physical activity, or distracting with a preferred activity. Modeling positive ways to cope with stress and unexpected events is a powerful teaching tool.
- \* Provide encouragement and praise for effort and successes (not just for finished products or end results). Create an environment where mistakes are welcomed, and viewed as a natural part of the learning process (a growth mindset).
- \* Similarly, encourage them to use positive self-talk to help increase confidence and build resilience. Our brains believe what we tell it so encourage them to repeat positive, coping statements to themselves so the messages to their brain are positive ones! (e.g., "I can do this even if it is hard"; "I am smart"; "I am brave and strong").
- \* Use subtle cues to remind the child/teen that they need to stop and think. Encourage them to be present in the moment, and focus on the here-and-now. This will help to increase their ability to focus on the task at hand and reduce worry about the future, or dwelling on something negative from the past.
- \* Validate feelings of frustration and self-doubt, and try to instill a sense of optimism. Remind them that they are smart and capable, and executive functioning difficulties are not reflective of their thinking skills and of their potential.

## Phonological Processing

*Phonological processing refers to the awareness of, and ability to manipulate the sounds in language, remember sounds, and quickly recognize symbols (such as letters and numbers). Children and teens who struggle with phonological processing often have difficulty reading and writing, regardless of their ability to use and understand language.*

Implications for mental health:

- Although children and teens with phonological processing difficulties may struggle to read the words on the page and/or express their ideas in writing, they can generally link ideas and understand the information at an age expected level. Understandably this disconnect can lead to feelings of frustration, self-doubt, and anxiety about meeting expectations.
- Overtime, children/teens may learn to cope by avoiding reading and writing tasks (or even by attempting to avoid attending school all together). Although this may bring some very brief relief in the moment, it leads to more difficulty coping in the long run.

Strategies and supports that may be helpful include:

- \* In order to reduce the temptation to avoid uncomfortable situations, help them prepare and practice for times when they may be asked to read or present in front of others.
- \* Validate feelings of frustration and self-doubt, and try to instill a sense of optimism. Remind them that they are smart and capable, and reading and/or writing difficulties are not reflective of their thinking skills and of their potential. Remember, our brains believes what we tell it so repeat positive, coping statements so the messages to their brain are positive ones!
- \* Also, help them develop coping strategies to remain calm when they may begin to feel anxious (e.g., calm breathing; focusing on the present moment).



## Language Processing

*Language processing refers to the ability to understand the language used around us (receptive language) and express ourselves using words (expressive language).*

Implications for mental health:

- Difficulty using and understanding language can impact on problem solving skills, organizing and expressing ideas, and overall communication skills.
- Weaker language skills can also interfere with a child or teen's ability to label and describe their own emotions, thereby making it more challenging for the adults around them to understand what has led to their sadness/worry, and how to help.
- Weak language processing skills not only impact children and teens academically, but also socially, emotionally, and/or behaviourally. For example, it can be challenging to find the words to express thoughts and feelings to maintain a back and forth conversation with others, which can lead to frustration and feeling disconnected or misunderstood. Also, understanding instructions and learning new vocabulary makes it challenging to pay attention, stay on topic, and follow rules or instructions (which might be seen as noncompliant or rude behaviour).

Strategies and supports that may be helpful include:

- \* Slow down when presenting instructions to allow for extra *thinking time* (extra time to process the instructions as well as extra time to formulate a response).
- \* Use clear and concise language, with familiar vocabulary (visuals may also help to increase understanding). Explain new vocabulary ahead of time.
- \* In order to reduce the temptation to avoid uncomfortable situations, help them prepare and practice. For example, they may require explicit teaching and practice on how to hold a back and forth conversation (e.g., practice/role-play to help increase comfort and confidence talking to peers and adults to reduce temptation to otherwise avoid talking to others).
- \* To help address social challenges, some children and teens may need direct teaching to understand the underlying meaning or less obvious aspects of language (e.g., interpreting sarcasm or how emphasis on certain words in a sentence can change the meaning).
- \* If the child/teen knows more than they can express (word retrieval difficulties) or has challenges expressing their thoughts or recalling the correct term from memory, use cues or structured responses to make it easier for them to communicate (e.g., multiple choice; yes or no; this or that).
- \* Validate feelings of frustration and self-doubt, and try to instill a sense of optimism. Remind them that they are smart and capable, and language difficulties are not reflective of their thinking skills and of their potential.



## Memory

*Memory includes short term (remembering what was just said or shown), long term (recalling facts learned long ago), and working memory (holding ideas or steps in immediate memory while mentally manipulating the information). Like other processing weaknesses, memory difficulties not only impact academics, but can also have significant social, emotional, and behavioural implications.*

Implications for mental health:

- Difficulty remembering information that was spoken or shown can cause tremendous frustration and lead to self-doubt (“I’m so stupid. Why can’t I remember?”). Additionally, peers may become frustrated with the child/teen because they forget not only what they are working on academically, but even tasks in extracurriculars, for example, the hockey play or their role in a play.
- People may mistakenly assume that the child or teen has ‘zoned out’ and is not interested in what they are saying or what is happening around them, but in fact, the child/teen is overwhelmed by the amount of information coming at them (and may end up becoming disengaged or playing on their phone or device as a way to decompress).

Strategies and supports that may be helpful include:

- \* To increase feeling prepared, and reduce feeling anxious about unexpected events or unexpected transitions, use and model clear, consistent routines for tasks and transitions (include warnings prior to transitions). A visual schedule may help.



- \* Use aids such as an organization app on their phone/device and help to develop a routine of making notes or a running list of necessary information. It is also important to help develop a routine of checking or referring to the reminders regularly so that the tool is used effectively.
- \* Provide encouragement and praise for effort and successes. If appropriate, encourage them to “try again” if something did not go well. Create an environment where mistakes are welcomed and viewed as a natural part of the learning process (a growth mindset).
- \* Similarly, encourage the child/teen to use positive self-talk to help increase confidence and build resilience. Remember, our brains believe what we tell it so repeat positive, coping statements so the messages to their brain are positive ones!
- \* Encourage the child/teen to be present in the moment, and focus on the here-and-now. This will help to increase their ability to focus on the task at hand and optimize memory skills (particularly working memory skills).
- \* Validate feelings of frustration and self-doubt, and try to instill a sense of optimism. Remind them that they are smart and capable, and memory difficulties are not reflective of their thinking skills and of their potential.

## Visual-Spatial – Perceptual Processing (non-verbal reasoning)

*This is the ability to understand and organize what we see (visual-spatial information), such as seeing the meaning or logic in patterns, organizing/spacing information on a paper, and understanding charts, graphs, maps and diagrams.*

Implications for mental health:

- Weaknesses in processing visual-spatial (or non-verbal) information can often impact a child or teen’s social functioning because it can be hard for them to read another person’s non-verbal cues such as facial expressions, tone of voice, or body language, and may have difficulty recognizing when someone is upset or difficulty understanding sarcasm and teasing (often mistaking it for bullying or nasty behaviour). This can cause peers to become upset/annoyed with the child or teen, and lead to conflict and isolation.
- Difficulties making sense of non-verbal information can lead to feeling embarrassed, overwhelmed, lost, confused, anxious, or frustrated, amongst other emotions, particularly if their feelings are not validated when their understanding of a situation is not accurate.
- These areas of weakness can make it challenging for children and teens to participate in team activities or sports that involve eye/hand coordination, depth-perception, and/or communicating with a group of people. Instead, they tend to perform better in individual activities or sports, which can make gym class and recess tricky if the other children/teens are choosing to play soccer or basketball, etc.

Strategies and supports that may be helpful include:

- \* Teach the child/teen to be a ‘social detective’ and look for cues that will help them to better understand what other people may be thinking. For example, explicitly teach the child/teen how to interpret body language and tone of voice, what cues to look for when trying to “read the room”.
- \* If there is a disconnect between the child or teen’s interpretation of something, and your interpretation, validate their understanding of what happened, then gently redirect their

interpretation by pointing out the evidence and your interpretation (e.g., explain how body language or tone of voice changed the intention of the message).

## Processing Speed

*Processing speed refers to how quickly and accurately we are able to take in information, think about it, and respond to it. Although slower processing speed can be a processing weakness on its own, it also commonly co-occurs with other processing weaknesses noted above that also make processing information time consuming.*

Implications for mental health:

- Difficulty ‘keeping up’ with a fast paced or multi-person conversation can leave children/teens feeling lost or left out (e.g., have a delayed response to a joke, contributing a comment after others have moved on to another topic). This may lead them to avoid social situations or leave them questioning their own self-worth.
- Slower processing speed can also make it difficult for children or teens to effectively store information in memory for easy retrieval when they need it, which can cause gaps in knowledge. This can lead children or teens to feeling blindsided when information does not fit together, and anxious when they fall behind.
- Making decisions quickly is often an area that children and teens with slower processing speed struggle with, particularly when under time pressures.
- “Smart” and “fast” are often associated together. Slower response time may be misinterpreted as lack of effort or lack of intelligence, and children and teens commonly fear that they will be viewed as unmotivated and not capable, which can be distressing (and in turn feeling anxious and unsure slows processing speed down further).

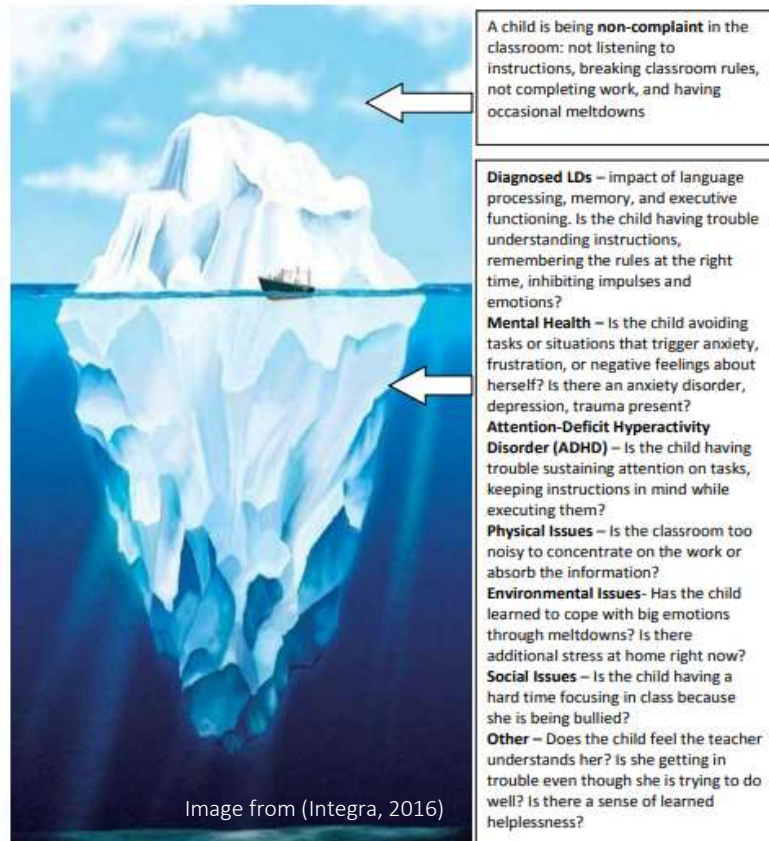
Strategies and supports that may be helpful include:

- \*
- \* Help them develop calming strategies, such as calm breathing, to keep regulated and focused when feeling pressured by time.
- \* Validate feelings of frustration and self-doubt, and try to instill a sense of optimism. Remind them that even if it takes them longer than their peers to think or do something, they are smart and capable.

## Keep in mind...

For a child or teen with a LD, much more may be going on “below the surface” than what is immediately visible. The analogy of an iceberg is a nice reminder that what we *see* may not be all that is going on. We need to look *below the surface* to get the full picture, particularly as many of the academic and emotional struggles the child or teen is experiencing are not visible, and processing deficits may make it more challenge for them to communicate their needs.

Our job as parents or educators is to seek to understand each child/teen’s individual strengths, validate their feelings and experiences, and empower them to achieve their ultimate potential.



Some children and teens may need more strategies than ones provided above. When times of sadness or worry persist and/or become disruptive to daily living, it may be time to intervene and seek more support. That is, your child or teen may need to meet with a doctor, psychologist or social worker to learn additional coping strategies to help keep mental health concerns from taking over their life and stopping them from engaging in activities that are typical for someone their age.

**CRISIS:** Call 911 / Visit your local hospital emergency room

**URGENT:**

**Kids Help Phone** 

24/7 counselling and information for youth:

- 1-800-668-6868
- kidshelpphone.ca

**COAST**

Mental health crisis outreach and support for all ages:

- 905-972-8338
- coasthamilton.ca

**NON-URGENT:**

**HWDSB Helps.**

Get help or share anonymous tips using...

- Text to 905-963-0066 (standard rates apply)
- The HWDSB Helps app for iOS and Android.
- Web chat - [www.hwdsb.on.ca/wehelp](http://www.hwdsb.on.ca/wehelp)

## Helpful resources

[Learning Disability Association of Hamilton/Halton](#)

[Understood.org](https://www.understood.org)

[Child Development Institute LDMH: A Handbook on Learning Disabilities and Mental Health -](#)

[Anxiety Canada](#)

[Children's Mental Health Ontario](#)

[HWDSB Centre for Success](#)

[McMaster Children's Hospital](#)

#### **For Educators:**

[Learning Disabilities Association of Ontario \(LD at School\)](#) [Learning Module - Supporting the Well-Being and Mental Health of Students with Learning Disabilities](#)

[School Mental Health Ontario](#) - Supporting-Minds Strategies at a Glance: Ideas to Support and Bolster Students with Mental Health Problems in the Classroom

[School Mental Health Ontario](#): Promoting the Mental Health of Students with Learning Disabilities

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