Welcome to the LDA Podcast, a series by the Learning Disabilities Association of America. Our podcast is dedicated to exploring topics of interest to educators, individuals with learning disabilities, parents, and professionals to work towards our goal of creating a more equitable world.

Hello, everyone. Welcome to the LDA Podcast. I'm here today with Bev Johns. She's a learning and behavior consultant and she's also the President of Illinois. So thank you, Bev so much for being here with us.

It's delightful to be here. And I'm looking forward to talking about the topic of children with learning disabilities who may also be exhibiting mental health issues. My entire career has been focused on working with students with emotional and behavioral problems, and I've learned through many years of experience about the complexity of children's needs, and that we cannot assume that it is just one thing that might be going on with that child, but it might be a lot of other factors, and therefore, good parents and good educators look beyond what is observable behavior. So it's my privilege to talk about this topic with you.

We're so glad to have you. So let me dive right in. So are individuals with learning disabilities more likely to have a mental health issue? And if so, why is that?

Well, imagine if you have a written expression problem or if you have a reading problem and you're expected to go to school every day and do something you don't do. Well, might that cause anxiety? Yes. Imagine that you fear that someone will find out you have a learning disability and won't want to be your friend anymore. Imagine that you know you are smart, but you just can't perform some of the tasks other people can do. These are real stressors that can lead to anxiety or depression. Some figures show that children with learning disabilities may be four times more likely to have mental health problems than children without learning disabilities.

Well, so which mental health issues in particular are common for those with LD? I know you mentioned depression and anxiety. Are those the main ones?
Anxiety disorders are recognized certainly as the most prevalent mental health issues among children and adolescents, impacting about 25% of children between the ages of 13 to 18, and those were figures that were provided prior to the pandemic. Now it’s estimated by some that the number may have doubled. There is a growing concern about the fact that one fourth of our children have experienced now traumatic stress, the stress of the pandemic and now the worry about war are of concern to us because of the impact on children. All of the stressors that children are facing tell us that parents and educators have to work together to provide mental health supports and training. An example recently given in Education Week showed that in the first eight months of the pandemic alone that the share of mental health emergencies, including suicide attempts, self harm and serious panic or depressive episodes jumped by about a quarter for children 5 to 11 and nearly a third for those 12 to 17. Children with attention deficits or depression had a higher risk of suicide, but the National Institute of Mental Health found that less than a third of the children who die of suicide had a previous diagnosis of mental illness.

Suicide now has become the leading cause of death for those students 10 to 14, and the 10th leading cause of death of those ages 5 to 9, according to the Centers for Disease Control. And according to them, 3.2% of children aged 3 to 17 years have diagnosed depression. A difficult temperament we know also as a young child can be a strong predictor of depression. And very bothersome to me is that it’s been reported that emergency room visits related to mental health have increased by 5 to 11 year old children.

Wow. So these are some young ages, younger than a lot of people might originally think. How young can somebody be diagnosed with a mental health issue?

For many years, it was believed that mental illness wasn’t seen until students reach their preteen and teen years. Now we’re seeing, as we talked about earlier, young children, perhaps at 5 years of age, who are showing signs of anxiety. And now there are concerns about children. Speaking of suicide at the age of 5, some studies have shown that a difficult temperament, even as a baby, could be a strong predictor of depression. I think that if a parent is seeing signs of emotional distress in their child at an early age, they need to speak with their pediatrician about what they’re seeing. They should also be talking with school personnel to see whether the school is seeing some similar behaviors of concern. And there are now discussions occurring about including in early childhood screenings, questions about self harm and suicide.
So what are some of these signs that both parents and teachers can be on the lookout for that might signal a mental health issue?

Sure. Changes in behavior causes concern. The child may withdraw from activities that they used to love to do. They may have trouble sleeping. There can be health complaints, stomachaches, headaches, their eating habits might have changed. They may have lost their appetite as an example, and they might be exhibiting nervous habits such as nail biting or shaking. 'How long of a period have those behaviors been going on?' Is an important question for us to ask. If they've been going on for six months, it is a major concern, and we need to collaborate with others and seek help.

So when teachers notice a mental health issue or they have a student who's diagnosed with a mental health issue, what sorts of accommodations can be made in the classroom? Are there behavioral strategies that can help increase student success?

Well, the first one to me is the golden rule is never take good behavior for granted, reinforce it, and what I mean by that is we need to build children up, learn as much as possible about their strengths and their interests and capitalize on them. Children should come to school and be successful, and we can do that by looking for what they do well and assisting them in what they need extra assistance in, so often saying, how can I help you with this? We need to build positive relationships with them and engage in active listening. We also need to look closely at the task we're giving to children to determine whether the task itself might be causing anxiety. Too many worksheets with too many directions, and crowding on a page is just one example of something that children face in the classroom that can be problematic, and it's important to focus on the child's feelings rather than your own and to curtail your emotions. It's also critical to recognize the students when they overcome a problem situation, so they've learned to deal with the situation. We need to recognize that and let them know. We also have to watch preferential seating because we often assume that a student with anxiety should sit in the front of the room and that might not be appropriate because the child is worried about what's going on behind him.

Break assignments down into small segments. Certainly build in choices, but not too many choices because too many choices brings on more anxiety. For children with anxiety, we need to be careful of the use of timers because those may be upsetting to them. They're so busy worrying about 'when is the timer
going to go off? When is the timer going to go off? That this may not be an effective practice for them. So remember to instead say things like, let's do two more together, as opposed to using timers. Also look for triggers that might upset the child and avoid any of those triggers. And then it's important because we are working with a lot of children who have problems in the area of auditory processing because they're so worried in their head about what's going on, they're not always processing the information that we're giving to them auditorially. So remember to only give one step directions that are always positively stated, and make sure we involve vocabulary words that we know the child is familiar with.

[00:09:20.750] - Lauren

So what are some things that teachers should keep in mind when they're working with a student who has both an LD and a mental health issue?

[00:09:27.590] - Bev Johns

Well, I think first and foremost we need to not make assumptions based upon children's observable behaviors, because underlying those observable behaviors may be issues that are far more complex and involve a mental health issue. For instance, the child may act out because of anxiety or because someone moved his book out of place and he has obsessive compulsive issues. I always remember a little guy that I worked with, he was one of my favorite students. None of his materials could touch other materials. So in other words, the reading paper couldn't touch the math paper, couldn't touch the social studies paper. Well, if they did touch, somebody forgot and that happened, he might start screaming because his pattern was upset. And so it was related to what was going on with the child. But the observable behavior was the screaming. But if you didn't understand what had happened before, you wouldn't understand how to work effectively with the student. That was always a trigger for him. It's also important to stress the student's strengths and interests and let them know that they can be successful and it's critical that we let our children know that they are valuable to other people.

[00:11:00.090] - Bev Johns

I am a firm believer in community service projects where children have the opportunity to help others, such as in peer tutoring or helping at a food bank or reading books to younger children or sending cards to the elderly and nursing homes. My dear friend Eleanor Gelo wrote a book early on about suicide in children, and one of the things she stressed is that children need to feel a value to other people. So what better way to feel valued than doing things for others?

[00:11:32.620] - Lauren

Absolutely. On the flip side, what should parents keep in mind if they have a child with LD and a mental health issue?
Okay, I really believe that parents are critical to this role and careful observation of their children during different activities. So are there certain activities or times of the day that are more upsetting to the child than others? Can they identify the trigger? I think the parents also have to look at whether their child’s behavior has changed as we talked about earlier, or are their sleeping patterns changing? Are their eating habits changing? And try to determine that maybe the behavior of the child is more complex than you think. Observe how long you’re seeing a pattern of behavior. If the changes in behavior have lasted six months and you still can't figure them out, please solicit assistance and talk to the school and see if the school is seeing some of those same behaviors. It’s also important that the child feels supported by the parent and listened to by the parent. So listening to your children and what they're saying to you is critical. Parents need to be active listeners with their children and to pick places like in the car or during cooking or walking where they're side by side where the parent is listening to understand, not to respond.

And it's also important to recognize rather than denying children's feelings, because if a child says something is too hard for them to do, rather than us saying, 'oh, that's easy', we need to say something like, how can I help you with it? Or Tell me what's hard about this task that I asked you to do. So always listening to what the child is saying to us.

Just to wrap up, what are some resources that parents and teachers can have if mental health issues are noticed, what are some of the first steps?

Well, I think again seeking out assistance. I encourage teachers and parents to avail themselves of all the wonderful resources of the Learning Disabilities Association of America, and if they're in a state that has a state affiliate to avail themselves of the support that LDA gives to families and educators and has given for many years. Because it is just nice to connect with parents and educators who are going through things that you're going through. LDA America now offers a wealth of webinars, printed resources, and the conference. And the conference which will be held next February and you will see a number of mental health sessions there. There is also a quarterly mental health and learning disabilities newsletter, so reach out and make sure that you get your copy of that. As an example, our next issue is focusing on bipolar disorders. So we really appreciate the support that LDA of America and in different states provides to families and to educators.
Well Bev, thank you so much for those resources and for spending time talking and sharing your expertise.

[00:15:22.370] - Bev Johns

Well, you're very welcome. It was delightful for me and so I appreciate having the opportunity to do so.

[00:15:35.350] - Lauren

Thank you for listening to the LDA podcast to learn more about LDA and to get valuable resources and support, visit Idamerica.org.