Depression in Children with Learning Disabilities

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Abstract

Depression is a serious problem that affects people of all classes, races and ages. It even affects children and is among the few conditions with symptoms that people experience during their lifetimes. The school is essential during a child's cognitive, moral, emotional, language as well as social development. Some of the basic skills that children learn during their formative years at school include writing, reading, simple arithmetic among others. The etiologies of learning disabilities are multifactorial, mirrors genetic influences as well as dysfunction of the brain system. Learning disability causes problems not only to the child, but also to the child's family. The learning disabilities can be divided into three types, namely: verbal learning disabilities, non-verbal learning disabilities as well as learning disabilities that impact decision-making, for instance, attention-deficit hyperactivity disorder. Children with learning disabilities tend to exhibit academic difficulties in proportions that are equal to their learning abilities. Learning disabilities have the ability to affect neurocognitive processes or manifest in inability to speak, listen, spell, reason, write, concentrate, solve mathematical problems, or organize information logically. Reading and writing disabilities are among the learning disabilities that children may experience. There are also non-verbal learning disabilities that are associated with visuospatial skills, social interactions, motor skills, interpersonal skills, reading comprehension, accurate reading, or interpersonal skills. In children, school activities may cause stress, and perceived academic ability has always been related to depression. Underachievers have lower competence than their peers who have better abilities. Academically incompetent children are likely to exhibit depressive symptoms; similarly, such children have tended to express

peer-nominated depression tendencies. However, parents, educational professionals as well as other stakeholders all have critical roles to play to ensure that children with learning disability cope and learn to minimize detrimental effects in the future.

Key Words: depression, learning disability, cognitive, neuropsychological, neurology, nonverbal learning,

Depression in Children with Learning Disabilities

Introduction

Depression is a serious mental illness that affects people regardless of their social status, race or age. Depression affects even children. In fact, it is one of the conditions with symptoms that people experience during all their life. School is essential during a child's cognitive, moral, emotional, language as well as social development. Some of the basic skills that children learn during their formative years at school include writing, reading, simple arithmetic among others. A child's development is measured through the progress made during these areas. Whenever a child is not able to make the required progress in the highlighted areas, then the child could be having a learning disability. Learning disabilities comprise numerous groups of disorders. When children have a learning disability, they exhibit problems in information processing or have inadequacy in generating output. The etiologies of learning disabilities are multifactorial, mirrors genetic influences as well as dysfunction of the brain system. Learning disability causes problems not only to the child, but also to the family of the child. For instance, a child's learning disability may lead to anxiety, a feeling of inadequacy, and shame that sometimes result in disturbance behavior in schoolgoing children. Negative views or comments made about the child in school have the potential of creating unwanted social and emotional feelings in both the child and the family. Even though depression in children has been studied extensively before, the topic of depression in children with learning disabilities has not received much attention. It is notable that there have been some studies in the past 30 years. Therefore, this

research contributes to the topic by identifying and correlating relevant literature to this important topic.

Literature Review

Learning disabilities can be divided into three types, namely: verbal learning disabilities, non-verbal learning disabilities as well as learning disabilities that impact decision-making, for instance, attention-deficit hyperactivity disorder. Notably, children with non-vernal learning disabilities often experience nonverbal communication difficulties. Unfortunately, the meaning is mostly communicated through nonverbal signals such as facial expression, tone of voice, body language and posture. Therefore, a child who cannot decode or interpret nonverbal behavior is likely to suffer significant deficit.

Previous studies have been conducted in school and clinical settings as researchers seek to determine depression in children with learning disabilities. One of such studies was conducted by Wilson and his colleagues in 2009. This study was on mental health of people between 14 to 44 years who have learning disabilities. The investigators relied on data that was collected nationally to compare male and female learning disabilities. The finding was that male learning disabilities were more likely to cause depressive and anxiety episodes unlike females who were likely to experience high levels of distress, suicidal thoughts or poor mental health. It was significant from the research that not less than 6 percent of the total population are likely to experience depression every year. Moreover, nearly 20 percent of the people with learning disabilities experience depression. It should be noted that there have been incidences of children as young as 8 years old having learning

disabilities. These children tend to exhibit academic difficulties in proportions that are equal to their learning abilities. Some of the impaired learning abilities that such children have affect their academic development in reading, writing, spelling, and arithmetic.

Learning disabilities have the ability to affect neurocognitive processes or manifest in inability to speak, listen, spell, reason, write, concentrate, solve mathematical problems, or organize information logically (American Academy of Pediatrics, 2011). Certain children can have difficulties with their motor coordination. There are learning difficulties that are associated with attention-deficit or hyperactivity disorder, anxiety, obsessive compulsive disorder, oppositional defiant disorder, and depression. Common symptoms that might be seen in people experiencing depression include restlessness, irritability, aggression, property damage, increased tearfulness or crying without reason, self-injurious behaviors, sleep disturbance, as well as changes in appetite. Other symptoms include social withdrawal, slowness in movement, and deterioration in self-help skills. Moreover, problems associated with self-regulatory behaviors, social interaction or social perception also occur with learning disabilities; however, they may not by themselves be a learning disability. Even though learning disabilities may occur simultaneously with other disabilities such as intellectual disability, sensory impairment, and emotional disturbance, or together with extrinsic influences such as inappropriate instruction, insufficient instruction or cultural differences, they are not a result of those conditions (American Academy of Pediatrics, 2011).

Dyslexia or reading disability and dysgraphia (writing disability) are among the learning disabilities that children may experience. There are also non-verbal learning disabilities that are associated with visuospatial skills, social interactions, motor skills, interpersonal skills, reading

comprehension, accurate reading, or interpersonal skills (American Academy of Pediatrics, 2011). Reading difficulties are found in diverse groups of conditions such as dyslexia as well as secondary types of reading difficulties which are caused by hearing or visual disorders, experiential or instructional deficits, intellectual disability, as well as other problems.

Dyslexia is a primary reading disorder which is separate from secondary forms. Currently, dyslexia is believed to be neurological in origin; thus, the problem is physically in the brain. Strong scientific evidence exists that supports the neurobiological conception. Dyslexia is never expected in relation to a child's other cognitive abilities. Instead, it is a language learning disability where a child finds it difficult to decode, fluently recognize words, or develop reading comprehension skills (American Academy of Pediatrics, 2011). The difficulties are often attributed to lack of the phonologic language component resulting in the inability to use the alphabetic code to decode written words. This leads to reduced reading experience as well as diminished vocabulary growth, written expression or background knowledge. Another study has also shown that adolescents with reading problems have higher risks of emotional and behavioral difficulties than their counterparts with reading ability. Besides, youths with learning disabilities have higher risks of suicidal behaviors. Adolescents have considered suicidal activities as a way of escaping from the self after situations that may have created feelings of limitations. It is likely that the stresses that are associated with reading difficulties significantly increase the possibility of school dropout or suicidal behavior (Sahoo, Biswas & Padhy, 2015).

There is a common misconception that dyslexia occurs when there are reversals of letters or words. Notably, reversals of letters or words occur during a child's early stages of reading and writing development, and

the children with this condition rarely reverse letters. People with dyslexia tend to be very creative and bright. In most cases, their high-level of thinking is not affected and they can be gifted in science, mathematics, the arts, or even in unanticipated areas such as writing (American Academy of Pediatrics, 2011). The study also showed that nearly 80 percent of individuals with learning disabilities have dyslexia. More males than females are likely to exhibit learning disabilities though schools have identified boys to be twice more likely to experience learning disabilities than girls. Genetic and environmental influences determine dyslexia expression. However, genetic influences have been found to contribute more to dyslexia.

In children, school activities may cause stress, and perceived academic ability has always been related to depression. Underachievers have lower competence than their peers who have better abilities. Academically incompetent children are likely to exhibit depressive symptoms. Likewise, incompetent children have tended to express peer-nominated depression tendencies. Children with higher ratings of depression are less likely to progress to the next level or grade. Cognitive issues that depressed learning disability children exhibit include low tolerance to frustration as well as negative patterns of thinking. Notably, depressed children have a tendency of giving up more easily when they perceive tasks as daunting. Such children may refuse to attempt to complete any academic work they consider too difficult, and doubt if they are able to independently complete academic tasks. Speech, memory, motor activity as well as the ability to plan is likely to be affected (Crundwell & Killu, 2010). The study also considered the relationship between cognitive deficit in children with learning disability and their academic performance. In this case, poor academic performance has been known as a predictor of later substance use or abuse. The research also revealed that children with learning disabilities

are likely to try cigarettes at an early age.

It should be noted that depressed children can be sluggish, speak with difficulty, and find it difficult to express their thoughts and ideas. Early recognition of depression as well as provision of treatment by professionals can enable young people to experience improved mood or function both in school and in life (Crundwell & Killu, 2010). Therefore, school personnel have to realize the critical role that they play in the identification of depression and provision of intervention strategies. Teachers, school administrators as well as other school staff need to be knowledgeable about depression. Having knowledge on depression is essential because of the possibility of the disorder impairing interpersonal and academic behavior at school (Crundwell & Killu, 2010).

Children with learning disabilities perform significantly lower than expectations because of age and intelligence (Gallegos, Langley & Villegas, 2012). Such children are often predisposed to emotional and social difficulties. As a result, this group of children is likely to be at greater risk of anxiety and depression compared with their developing peers. Apparently, low achievement is due to school failure, poor academic performance or emotional skills. Indeed, school failure has been a distinct characteristic of children with learning disabilities.

There exist varied explanations regarding the relationship between school failure and poor academic functioning (Gallegos et al., 2012). For example, it has been suggested that both learning and social impairments happen when a deviation occurs in the functioning of the central nervous system leading to what has been referred to as *atypical brain development* (Gallegos et al., 2012). There are other researchers who have suggested that chronic school failures are triggered by emotional difficulties. Interestingly, there is also the hypothesis that the

problems surrounding low academic achievements compound one another. Affective variables, including anxiety, motivation, temperament, self-concept, depression, and loneliness, have been examined in children with learning disabilities. Children with learning disabilities often exhibit such characteristics as maladaptive cognition and behavioral inhibition that leads to anxiety. Anxiety is expressed in various forms including worrying, crying, somatic distress as well as avoidant behavior in children suffering from learning disabilities (Gallegos et al., 2012). Specifically, children with anxiety disorders may find difficulties in solving arithmetic problems.

Psychological or neuropsychological deficits hinder children with learning disability from performing well in basic academic areas. Notably, the problems increase the chances that classroom tests for the children will be considered as threats, hence, increasing test anxiety. Children with learning disabilities find it more difficult to evaluate situations than their counterparts who are not exhibiting learning disability.

Previous comparative studies have concluded that children with learning disabilities show higher levels of helplessness and anxiety than their normally developing peers. Girls, for instance, often experience higher level of negative mood or lower level of positive mood, and increased rates of depression. Children diagnosed with learning disabilities have higher levels of depression for a longer period of time. Anxiety and depression have been cited as common problems that children as well as adolescents experience and these problems may lead to various negative consequences for the child and his/her family. Therefore, there is a need for early intervention and identification programs. The provision of such programs in schools has the potential of increasing access to children who require mental health services to

overcome stigma. Due to poor social adjustment, children with learning disabilities are likely to be victimized and bullied. Bullying occurs as a result of stigmatization that is associated with learning disability and such children are likely to have fewer friends or to be frequently teased. Children with learning disability are often less popular among their peers.

Stigmatized individuals can react in two ways to respond to rejection. Firstly, they can react aggressively to confront the situation at hand. Secondly, they can avoid the situation. Aggression may involve physical shoving or pushing, physical movement or touch by the child with learning disability. Maladaptive behavior causes children with learning disabilities to disrupt the whole learning process or peers. In most cases, learning disability children with aggressive behaviors lack social skills or coping mechanism. Studies have shown that such children find it difficult to process social information as well as consistent understanding of complex emotions. As a result, they might have low ability as well as avoidance to manage unpleasant feelings such as depression and anxiety. Whenever learning disability children cause disruption, the aspiration of normalizing children may not be achieved.

Peer victimization is likely to create adjustment and anxiety problems. Moreover, peer rejection may create a feeling of loneliness that can enhance depressive disorder (DeRoche, 2010). The experience of loneliness of children with learning disability is usually due to lack of friends, difficulty in forming close interpersonal relationships, or dissatisfaction and disappointment with the friendships formed with peers. Loneliness is usually an unpleasant subjective experience that occurs as a result of deficient social interaction. It is not related to the duration or quantity of social interaction.

Learning disability children are introverted and do not socialize. Whenever children with learning disability felt lonely, it was likely that depression would set in, particularly after being teased or victimized by peers not suffering from learning disability (DeRoche, 2010). Some children with learning disorders also exhibit nervous temperament due to school frustration, limited flexibility and risk of depression. It should be noted that depression is one of the internalizing disorders (Sahoo et al., 2015).

Co-morbidity studies on major depressive disorders and learning disabilities have shown that increased learning disorders in children with major disruptive disorder indicate a causal relationship between major depressive disorder and learning disability (Sahoo et al., 2015). It was also suggested that children could be predisposed to manifest the conditions. Some of the hypothesized co-morbid depression and learning disability are that depression worsens learning problems. Also, learning disabilities exacerbate depression. In some children, malfunctioning in specific sections of the brain can lead to learning disability and major depressive disorder (Sahoo et al., 2015). Literature on coping skills for children with learning disabilities remain scarce, however, the children have characteristics, which indicate that it may not be easier for them to survive through proactive coping skills whenever they are forced with challenges and problems (Gallegos et al., 2012).

Learning disability research focusing on the long-run outcomes of children with nonverbal learning disability indicates that difficulties increase as children's age increases. Importantly, children with nonverbal disability have problems incorporating new information, and, thus, it is even more difficult for them to deal with new situations. The children find it hard to apply learning from one situation to another. Therefore, the learning difficulties together with the inability to interpret

social cues as well as deal with complex social situations make life more difficult for the child with learning disability.

Extreme difficulties in dealing with novel as well as complex situations and over-reliance on routine behaviors have been observed in children with nonverbal learning disabilities. Such children may never find it easy to try new things, for example, playing the games that they have never tried before. The children consider the new experiences as anxiety provoking. It has also been noted that though nonverbal learning disability children may speak well, verbosity might occur. These children have a tendency of disrupting and difficulty in initiating appropriate conversations. Besides, their speeches may appear to have little rhythm, long and windy though monologues are not common. Their conversations can be boring as well. Consequently, friends of the children with nonverbal learning disability find them boring because they tend to talk a lot, discuss irrelevant topics, and their conversations are likely to be nonreciprocal. Since children with nonverbal learning disabilities have difficulties in recognizing and understanding facial expressions, body language, or tone of voice, they find it hard to initiate friendships. There are instances when the children can laugh at those who are crying or saying things that are not appropriate to peers or even adults, and remain unaware of the inappropriateness of the things that they are saying.

Visual-spatial is the other critical area where nonverbal learning disability children have been examined. The children have been found to experience difficulty in forming visual images, therefore, they cannot revisualize as a way of enhancing learning. They neither focus on the details of what they see nor grasp the pictures. The children also have poor visual memory; thus, they do not remember whatever they have seen, read or heard. Undoubtedly, copying from a blackboard or

distinguishing people's faces becomes difficult, and they easily get lost. Due to visual-spatial problems, children with nonverbal learning disabilities can be put in a group of individuals with attention deficit disorder. The children often have difficulties moving their bodies in space, easily bump into others, and find it difficult to understand the meaning of spatial relationships.

Only a few professionals outside the field of neurology and neuropsychology have been able to understand nonverbal learning disability. Currently, there is no psychiatric or medical diagnosis for nonverbal learning disability, though researchers have continued to search for ways of clarifying and refining diagnosis. Researchers have also continued to describe the characteristics of the condition as well as the spectrum of the disorders associated with it.

Schools can initiate strategies to deal with dyslexia. Firstly, schools can apply academic accommodations or modifications as a strategy for helping children with dyslexia to succeed. People with dyslexia have insistent problem and continue to read slowly during their entire life, thus, there is a need to help them adapt to their learning environment. Apparently, accommodation is necessary because it allows the individuals to gain higher levels of thinking or reasoning. For example, the children can decide on the appropriate time to complete assignments, have a preferential seating, or using computer for writing (American Academy of Pediatrics, 2011).

Likewise, parents should be encouraged to take part in the education of their children. This is of highest importance, but it may not work in cases where parents are illiterate. Home is the ideal setting for carrying out and reinforcing the practice. For instance, children could read loudly for fun in the presence of their parents. When children read loudly, the

attention of their parents is drawn and the problems are easily noticed. As parents help children at home, they have to check for fluency as well as comprehension through interactive reading experiences. Whenever reading is conducted at home, the environment has to be supportive and nurturing with ample opportunity for the child to take part in other activities where he/she can excel. As a child continues to grow, parents are supposed to provide other learning strategies, for example, electronic books or tapes (American Academy of Pediatrics, 2011).

Furthermore, parents can play a critical role in providing ongoing feedback as remediate specialists. They should also be given the opportunity to ask questions so as to maximize educational outcomes. In this strategy, parents could act as advocates for their children by speaking with pediatrician, teachers as well as other professionals. A parent can request for an educational evaluation as well as coordinating remediation. When parents educate themselves in the areas of depression and learning disabilities, education rules, and available services, their effectiveness as child advocates would most likely increase. When parents work together with educators, they get the chance to ensure that the school provides the correct remediation as well as accommodations (American Academy of Pediatrics, 2011).

Educational interventions are also very important. Children with learning disabilities require individualized education plans which consider their weaknesses and strengths. These children should be having aides in the classrooms from elementary to high school. Most important is to teach the children sequentially. Likewise, the verbal strength of these children should be used to compensate weaknesses where possible. The children have to be taught social skills as well as pragmatics because these skills often do not form part of most curriculums or typical education plans.

Nursing interventions are critical as well. Once diagnoses have been made, nurses should educate parents of children with learning disabilities on the importance of promoting safety. Small children, in particular, require uncluttered and safe environments where they cannot bump into other people and objects. Careful supervision of the children is necessary because of poor coordination as well as spatial problems. Instructions need to be verbal and sequential because the children cannot apply their learning from one situation to the other.

Conclusion

This research has highlighted the depressive problems that children with learning disability experience. Importantly, the children face challenges from social, emotional, academic, and visual-spatial spheres. Therefore, parents, teachers and other professionals have to play their roles to ensure that the children overcome the challenges, which may affect their future lives. One strategy that could be used is that there should be aides in classrooms, providing teaching facilities that meet the special needs of the children. Similarly, parents should promote coordination and accommodation of activities of the children.