



Ann Arbor Guide Series

Anxiety and Depression as a Result of Learning Difficulties

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One vital reason why we need early identification of Learning Difficulties is the increasing number of children who, as a result of being undiagnosed, develop anxiety and depression.

An increasing number of children are being diagnosed with anxiety and depression as a result of their learning difficulties not being understood or diagnosed.

Information about childhood anxiety and depression is relatively scarce and research has become a topic of great interest for universities, psychologists and psychiatrists. A major conference in Washington DC in 2004 reported that children's mental health in America has reached "crisis level" with 10% of all school children suffering from the disorder. According to the report by the year 2020 this number will rise proportionately to 50% unless drastic action is taken by professionals. Similar findings have been reported by responsible mental health organisations in the UK.

Because children are not as articulate as adults in expressing their emotions, it is unlikely that they will say "I am depressed" as an adult might do. In fact, they may not even realise themselves that something is wrong. Children live in a world controlled by adults and can easily feel powerless over what is happening to them. This puts the responsibility on parents and teachers to look out for the identifying signs.

Sadly, many children succumb to anxiety and depression because of their inability to cope with stresses imposed, possibly unwittingly, by adults – especially parents! Lack of identification of a child's learning difficulties, marital breakdown, separation and divorce, all can put children into considerable turmoil. Parental aspirations and expectations of their child, peer pressure, sudden changes in family circumstances and transition from primary to secondary education with learning difficulties not identified and helped, can all trigger anxiety and depression in a child vulnerable to such disorders. Also, the Child Commissioner in the UK reported in November 2005 that many children suffering anxiety and depression are victims of bullying. Bullies target their victims for many reasons but undiagnosed dyslexia, causing the child to have problems in class, is certainly an unhelpful factor.

Research has shown that depression tends to run in families. Whilst a predisposition does not automatically mean that a child will become depressed, at least one study has shown that one in four depressed children have a close relative with depressive illness. It would appear that whilst some children can cope with stress and upset, others with a genetic predisposition to depression cannot.

The warning signs usually fall into four different categories: emotional signs, cognitive signs (those involving thinking), behavioural signs and physical signs. Not every child who is anxious or depressed experiences every symptom.

Emotional Signs

Sadness – the child may feel despondent and hopeless. They may cry easily. Some children will hide their tears by being withdrawn. Loss of pleasure or interest become major features; the child may become anxious, tense and panicky. The source of the anxiety may give a clue to the cause of the depression. The child may also feel worried and irritable. They may brood or lash out in anger as well as having mood swings.

Cognitive Signs

A depressive mood can bring on negative, self defeating thoughts. These skewed thought processes may help perpetuate the problem because they make the child resistant to words of encouragement and advice. Children may have difficulty organising their thoughts, concentrating and remembering. In school this will result in failure to complete tasks and homework. Children with anxiety may be pessimistic, perceiving themselves, their life and the world generally, in a very negative light. Depressed children also believe that there is no relief for their feelings. They can feel isolated and are often picked on by their peers. Thoughts of death are not limited to adults – children may also experience these feelings.

Behavioural Signs

These should be the easiest to detect. Avoidance and withdrawal are common and the child will have a preference for his/her own company and the bedroom becomes the place to find solitude. They may become clinging and demanding and behave with an exaggerated sense of insecurity. Restlessness brought on by depression may lead to disruptive behaviour in class or reckless behaviour. Depressed children may indulge in self-harming – causing themselves physical pain hoping it will lessen the mental pain.

Physical Signs

Depression is not just an illness of the mind. It causes physical changes as well. These changes can include weight and appetite loss, sleep disturbances, excessive tiredness and sluggishness. Reactions may be slower than usual and they may become agitated and fidgety.

Treatment

There is no instant magic cure for childhood anxiety or depression but, once suspected, by parents or teachers there must be professional guidance and advice. This would normally be referral to a child psychologist, psychiatrist or a paediatrician. If a learning difficulty is the underlying cause of the anxiety and depression, a full assessment of strengths and weaknesses should be undertaken and a prescriptive programme of remediation put into effect. In some cases, individual and/or family counselling as well as psychotherapy are the usual treatments. In extreme and protracted cases, medication may be prescribed. Although still common in America, even low doses of a Selective Serotonin Reuptake Inhibitor drug (SSRI) have now been banned for use with children in the European Union following a report which highlighted significantly high rates of teenage suicide in those prescribed SSRIs.

Many children can avoid becoming anxious and depressed if the Code of Practice (2002) is followed and early identification of a specific learning difficulty is implemented and appropriate remediation put in place.