Learning disability refers to global impairment of intellectual and adaptive functions arising in the developmental period, with an IQ below 70. It is classified into mild, moderate, severe and profound based on IQ.

The prevalence of learning disability varies according to various factors. The aetiology of learning disability is multi-factorial, ranging from insult during the prenatal period to that in adolescence (before the age of 18). A combination of demographic factors, impairment of adaptive skills and certain biological factors increase the risk of psychiatric disorder in people with learning disability.

The prevalence of psychiatric disorders in children with learning disability is affected by factors such as use of non-standardised instruments in studies, use of language based diagnostic criteria in people without verbal ability and reliance of carers for information in a significant proportion of the population. A recent British study found that 36% of children and adolescents with learning disability have a diagnosable psychiatric disorder.

The assessment of children and adolescents with learning disability follows the scheme of the general psychiatric assessment with important modifications, such as allocating more time for the assessment and interview, reliance on informants and on behavioural observation and functional assessment, and conduct on home or school visits to obtain further information.

Risk assessment is comprehensive, focusing on issues of neglect and abuse, in addition to the other areas of risk. The other important components of assessment include physical examination, genetic testing (if appropriate) and baseline investigations.

A multi-axial diagnostic system is preferred in view of the complexity of the presentation. The differential diagnoses include pervasive developmental disorders (PDD), hyperkinetic disorders, psychotic, mood and anxiety disorders, conduct disorders, and tics or Tourette’s syndrome.

**Reflection questions**

**1.9 Reflection**
Think of a person with learning disability you know (either in a professional capacity or informally). If you do not know someone with learning disability, think of a person with a mental illness. How many of the risk factors (on page 1.8) for mental illness apply to this person?

**3.2 Reflection**
Before you continue, consider your responses to the following questions.
1. How will the assessment of a child without learning disability differ from that of a child with learning disability?
2. How will you assess the mental state of a child who is not able to communicate?
References


Cleary, M. A. & Green, A. (2005) Developmental delay: when to suspect and how to investigate for an inborn error of metabolism *Archives of Disease in Childhood* 90, 1128-1132. [abstract]


Deb, S., Matthews, T., Holt, G. *et al* (2001) Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disability. Published by Pavilion.


Further reading


Deb, S. *et al* (2001) Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disability. Pub: Pavilion for The European Association for Mental Health in Mental Retardation. [PDF]