

Learning Differences and Mental Health: Overlap and Opportunities for Support

Learning differences (LDs) are brain-based processing disorders that affect the ability to receive, process, store, respond to, and communicate information. These processing differences can interfere with learning basic skills such as reading, writing and/or math. They can also interfere with higher level skills such as organization, time management, planning, abstract reasoning, attention, or memory. LDs affect as many as 20% of otherwise bright and capable children and adolescents.

Far beyond just learning and academics, it is important to realize that LDs can also significantly impact a child's sense of self and relationships with family and peers. People with LD are more likely to experience mental health challenges than their non-LD peers. It is estimated that mental health challenges among those with a learning disability is quite common, with some studies finding rates as high as 40-50%. This is more than double the rate of mental health problems in the general population. There are many reasons why LD places youth at higher risk for mental health conditions, including:

- School struggles and peer difficulties can result in higher rates of negative life experiences
- Processing differences make their environment feel overwhelming
- Biological or genetic risk factors make them more vulnerable

Children with learning differences often become frustrated and avoidant in school, and experience much higher levels of school failure and peer rejection. In fact, these youth are 3X more likely to drop out of high school. They are often mislabeled as 'lazy' or 'unmotivated' by the adults around them, further undermining their ability to be successful. In addition, children with LD are often rejected by peers. According to the National Center for Learning Disabilities, they are 31% more likely to be bullied.

Many youth with LD feel ashamed of their academic difficulties. They are not able to access the curriculum in the same manner as their non-affected peers in order to learn effectively, when their day-to-day "job" and identity is focused on school and learning. Not surprisingly, this can impact their confidence and sense of self. School-related anxiety is common, as is more generalized anxiety that starts to seep into other areas of their life (e.g., at home, with peers, in sports, etc.). Once anxiety around school is part of the everyday routine, mood symptoms can enter the picture. Feeling discouraged or sad about real or perceived failures in school can be more fleeting, or situational, or can also develop into a more debilitating depressive disorder. Working with a student's school counselor or a private mental health clinician can be crucial in helping maneuver through these more emotionally challenging scenarios and outcomes.

Due to their learning differences, youth with LD often process the world around them differently than their neurotypical peers without LD. For a child with processing differences, the school environment can be especially uncomfortable and overwhelming. School is an inherently social environment, and processing and understanding social cues can be challenging for students with LD, further contributing to confusing and/or overwhelming feelings. Walking into a classroom can feel distracting for some youth with LD and completely paralyzing for others. For many with

LD, even just being on a school campus or in a classroom setting can trigger feelings of ineffectiveness, isolation, and shame. “Simple” classroom assignments are never simple for students with LD because they are aware that they are falling short in some way, whether it be the excessive time it takes for them to complete a task, or the number of mistakes in their work product, for example.

Given that LDs are neurologically-based disorders, youth with LD may also have a biological predisposition to mental health conditions such as anxiety or depression. Exploring the whole family’s psychiatric history can be helpful in better understanding genetic risk factors that may be relevant and important to consider, not only to better understand the student, but also to create a more individualized support plan.

How do I support my child with LD and mental health challenges?

First, helping children and adolescents understand their learning differences can give them the tools they need to better understand themselves and feel empowered to ask for help. In an age-appropriate manner, talk to them about their differences (e.g., “Sounding out letters is hard for you,” “Copying notes from the board is tiring for you,”), while also identifying strengths (e.g., “You are such a great problem-solver with numbers and pictures.”) and praising effort (e.g., “I know those sentences were hard to write, but I am so proud that you stuck with it and finished the assignment.”). Depending on the age of the student, sharing the “label” that makes school hard for them (e.g., dyslexia, dysgraphia, ADHD) can often be a welcome relief for them, as they may have ‘known’ all along that something is different. This gives them the opportunity to separate “it” from their core identity, with the hope that this can eventually become integrated into a part of their identity, but not the defining feature of who they are as a person.

Be alert to your parent tendencies – avoiding difficult conversations or minimizing negative encounters at school in an attempt to protect your child only reinforces stigma around LDs, and may convey the message that your child should not talk about their feelings openly.

Supporting youth with LD and mental health issues also requires close collaboration and partnership with the educational team. Working with teachers can have a powerful impact on parents, teachers, and most importantly, the students who need the support most. For those attending an independent school, request a meeting with your child’s teachers and counselor. In the public school setting, if you don’t have an IEP process setup already, it may be useful to request a 504 Meeting. 504 Plans provide accommodations for students with disabilities who don’t qualify for special education. If your child has qualified for special education and has an Individualized Education Program (IEP) in place, actively collaborate with the educational team to create goals that address both your child’s academic needs and social/emotional needs.

Common accommodations for students with LDs and mental health challenges vary depending on the specific student's areas of need, but may include the following:

- Allow the student to have a self-calming object (e.g., family photo, small object from home) at their desk
- Encourage the student to seek support from an appropriate adult at school (e.g., counselor, school psychologist, homeroom teacher)
- Build in breaks to practice anxiety-reduction techniques that have been taught by a counselor or clinician (e.g., sitting in calming corner of classroom, drawing, taking a drink of water)
- Arrange for preferred classroom seating
- Give student extra reminders and time before and after transitions during the day
- Clearly state and/or write down classroom instructions and expectations
- Use visual schedules alongside verbal reminders throughout the day
- Break down assignments into smaller chunks with clear models of the finished goal
- Exempt the student from reading aloud or demonstrating work in front of the class, and allow for presenting to just the teacher instead

These are just a small sampling of the possible accommodations that can be provided under a 504 Plan. What is most important is that the supports in place are individualized to a student's specific learning needs, and also that the educational team uses the supports consistently. You may need some guidance from your child's support team (e.g., teacher, counselor, occupational therapist, psychologist) in determining what supports are likely to be most effective for your child, but also trust your parenting gut. You know your child best, and they see your child most of the day at school – sharing this information in a bidirectional manner through an active partnership will result in the best outcomes for your child.