

PROJECT EVIDENCE

PROJECT EVIDENCE for Prevention of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[2] Selective Programs are indicated for situations where subjects are at high risk of developing mental disorders unless there is preventive intervention.

[2 a] Biological factors

- i Post-natal depression
- ii Children with chronic illnesses
- iii Children with learning difficulties

[2 a iii] Children with learning difficulties

At a basic level, schooling is to children what employment is to adults. Successful employment is at the core of personal identity. It is central to self-esteem. The mental health of unemployed people is significantly at risk. So it is with children. If they are not succeeding at school, their mental health is at risk. At the highest level, education enhances self-actualisation, participation in the arts and sciences, and personal well-being. The earlier we start, the greater the impact. The beneficial effects of education are greatest in the early years, so early recognition and remediation of learning difficulties is important for maximising developmental progress. Regrettably, difficulties are often allowed to drift along without specific investigation, in the hope of a “catching up”.

Experience in a learning difficulties program for primary school children with two or more years delay in literacy showed that developmental language disorder alone accounted for three quarters of the cohort, and a further 15% had a developmental language disorder combined with visuo-spatial processing impairment. This latter group was disproportionately likely to have attention deficit disorders and disruptive behavioural disorders accompanying their learning difficulties. The remainder of the cohort included a few children with visuo-spatial impairment in the absence of language impairment, some children with attentional problems, hearing or visual impairment, or emotional problems including child abuse and neglect. Very rarely, some children had organic brain disorders such as epilepsy, brain tumours or dementia.

These proportions were not a random community-based sample but selected referrals of unexplained delayed literacy. Children with “explained” delays in literacy, such as general intellectual impairment, were not usually referred. The findings, however, highlight a major flaw in public perception. The great majority of unexplained delays were due to unrecognized developmental language delays. Why is this?

When language delay is accompanied by speech impediments such as stammering, dyslalia, dysphasia or impaired prosody, the speech problems draw attention to the underlying language disorder. However, when adults listen to children without such impediments they make allowance for the simpler level of communication and do not adequately register that it is too simple for the age of the child. This is more so if the child is reserved and monosyllabic. Teachers, and often also the parents, may be shocked to find that a child’s receptive language processing can be several years behind their chronological age level without having been recognized.

The take-home message is that all children should periodically be tested not only for literacy and numeracy but also for receptive language processing level and referred for specialised assessment and remediation if impaired.

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