The role of mental health in pupils with intellectual disabilities

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Abstract
The research focuses on the identification of risk factors and the prevalence of mental disorders in pupils with intellectual disabilities (ID). We investigated how the prevalence of mental disorders affects the subjective experience of the quality of life of pupils with severe forms of ID. People with ID who are educated in a special education programme (SEP) are more likely to have mental disorders. The research explores the forms of support for these pupils and highlights the role of a special and rehabilitation pedagogue (SRP). We distributed and analysed a DASS questionnaire, adapted to our circumstances. 49 SRPs took part in the survey. We established a correlation between ID and the presence of mental disorders and found the most common symptoms that can be observed in pupils. Both typical and atypical symptoms of depression have been found, which are frequently identified by both Slovene and foreign authors in their studies. They often exhibit unwanted behaviour, less often screaming and crying. Most pupils with ID receive individual forms of help and support within the school. Early identification of mental disorders in pupils with ID can make a significant contribution to appropriate intervention and support during their education. Key words: comorbidity, intellectual disabilities, mental disorders, depression, special education programme

Vloga duševnega zdravja učencev z intelektualnimi primanjkljaji

Povzetek
Raziskava se osredotoča na prepoznavanje dejavnikov tveganja in razširjenosti duševnih motenj pri učencih z intelektualnimi primanjkljaji (IP). Raziskovali smo, kako razširjenost duševnih motenj vpliva na subjektivno doživljanje kakovosti življenja učencev s težjimi oblikami IP. Učenci s težjimi IP, ki se izobražujejo v posebnem programu vzgoje in izobraževanja (PPVZ), imajo večjo verjetnost za duševne motnje. Raziskava raziskuje oblike podpore tem učencem in izpostavlja vlogo specialnega in rehabilitacijskega pedagoga (SRP). Uporabljen je bil vprašalnik DASS, prilagojen slovenskim razmeram. V anketi je sodelovalo 49 SRP. Ugotovili smo povezavo med IP in prisotnostjo duševnih motenj ter potrdili pojav najpogostejših simptomov pri učencih z IP. Ugotovljeni so tako tipični kot atipični simptomi depresije, ki jih v svojih raziskavah pogosto ugotavljajo tako slovenski kot tuji avtorji. Pogosto izkazujejo neželeno vedenje, redkeje kričijo in jokajo. Večina učencev z IP je deležna individualnih oblik pomoči in podpore znotraj šole. Zgodnje prepoznavanje duševnih motenj pri učencih z IP lahko pomembno prispeva k ustrezni intervenciji in podpori med njihovim izobraževanjem. Ključne besede: komorbidnost, intelektualni primanjkljaji, duševne motnje, depresija, posebni program

1. INTRODUCTION

Intellectual disabilities (ID) are neurodevelopmental disorders. They are manifested as significant limitations in intellectual functioning and adaptive behaviour. The latter involves complex conceptual, social and practical skills. Good development of these skills significantly improves an individual's lifelong functioning. The conceptual domain includes communication skills, reading, writing and numeracy. The social domain includes the skills of understanding complex human relationships, following social rules and problem solving. Practical skills are everyday skills needed for an independent life, work or occupation, mobility, etc. (American Association on Intellectual and Developmental Disabilities, n.d.). As it is a developmental disability, it appears before the age of 18. According to the Slovenian criteria for defining the type of disability, ID are presented as a mental development disorder (MDR), on a continuum from mild, moderate, severe to profound (Vovk-Ornik, 2015). The research included students with moderate, severe and profound MDR.

Due to limitations in intellectual functioning and adaptive skills, their education takes place in SEP, where there are no knowledge standards or numerical progression. According to their individual abilities, the pupils can progress from level 1 to level 6. The greatest emphasis is placed on learning basic life skills in order to best prepare them for later life (Grubesic, 2014). Mental disorders are characterized by a combination of unusual, abnormal thoughts, perceptions, feelings, behaviors and relationships with others. They have a significant impact on a person's health and have important consequences in the socio-economic sphere. The most common mental disorders are depression, bipolar disorder, schizophrenia, etc. (World Health Organization, 2019). Depression is one of the most common mental disorders. According to the National Institute of Public Health (Konec Juričič, 2014), it can affect anyone. Depression affects an individual’s mood, emotions and daily functioning. Modern lifestyles, rapid and global socio-economic changes also affect the individual, their perception of life and well-being. The importance of mental health has recently been increasingly emphasized in pupils, as it is an important predictor of mental health in adulthood (Mušič, 2011). Mental disorders are more common in people with ID than in the general population; they are present in 40-70% of people with ID. The most common are adjustment disorders, somatoform disorders, depression and anxiety. The more severe the ID in an individual, the more difficult it is for them to communicate and express their distress in the face of mental disorders (Mihelič Moličnik, 2011). It is important for teachers and professionals to recognize a child's specific needs, understand their way of expressing themselves and communicating, and help them accordingly. Comer-HaGans et al. (2020) found significant differences in mental health in children and adolescents with ID compared to children and adolescents of typical development. The prevalence of depression in children with ID is 7.1%, compared to children with typical development, where the prevalence is only 1.7%. The prevalence of depression in adolescents with ID is as high as 15.2%, compared to 4.5% in adolescents with typical development. Recognizing depression in students with severe ID is challenging due to their reduced ability to express their feelings (e.g. mood, emotions, feelings of inferiority, insignificance, etc.). Students with severe ID and depression show many of the symptoms of standardized diagnostic schemes such as DSM-V and ICD-10. The most common symptoms are anhedonia, crying, psychomotor agitation, decreased appetite, low energy levels. Atypical symptoms include disruptive behaviors such as aggression, autoaggression, screaming, behavioral outbursts and disruptive behavior (Eaton et al., 2021). Whitney et al. (2019) found that children with Down syndrome are less likely to have depression or anxiety than other children with ID. However, children with ID who have comorbid autism disorders and ADHD are significantly more likely to have depression. Children that exhibit dangerous behaviors (auto-aggressive behaviors), disruptive behaviors to those around them, and behaviors that isolate them socially, require professional help. These behaviors include maladaptive behaviors that inhibit the individual's independence and autonomy (Pečavar, 2009). Symptoms of depression, anxiety and pain may be atypical in people with ID, but they are nevertheless indicative of the person's feelings and should be responded to appropriately (Adams & Oliver, 2011). Thus, the role of special education practitioners is becoming even more important because they should be attentive to the first signs of disruptive behavior or signs that indicate the comorbidity of a mental disorder.

It is important that professionals strive for precise forms of intervention that are tailored to the individual's needs and developmental stage, thus ensuring appropriate resources for support (Comer-HaGans et al., 2020). Professional treatment and support is often provided after a complaint of a particular disruptive behavior (Pečavar, 2009). For students with more severe ID, therapeutic approaches that focus on specific behaviors have the greatest chance of success (Oshodi & Turk, 2016). Vereenooghe and Langdon (2013) found psychotherapy to be moderately effective for people with ID, particularly when it comes to treating depression. Vereenooghe et al. (2018) provide reasons why there are fewer positive impacts of various interventions in people with profound ID and mental health problems. They believe the reason behind is the fact that behavioral cognitive therapy is not as accessible to them due to their limitations in communication skills and understanding. They even highlight that people with profound ID and mental health problems are more sensitive to the side effects of drug therapy or have difficulties reporting the side effects of the drugs.
The aim of the research was to determine how often depression occurs in students with severe ID and how comorbidity affects the academic functioning of students with severe ID. Moreover, we were interested in the pedagogical approach towards these pupils and the forms of support they receive. In Slovenia, the relationship between ID and mental disorders is insufficiently researched, especially in the school population.

2. METHODOLOGY

A causal non-experimental method was used. We used non-probability sampling. The study included SRP teachers teaching in SEPs in different institutions across Slovenia. The sample consisted of 49 SRPs teaching in SEPs. All respondents were female (N = 49). More than half of the SRPs (63.3%) teach in primary schools with adapted education programs, and 36.7% teach in special educational institutions. We also looked at the length of service of the teachers. The majority of SRPs (28.6%) had between 11 and 25 years of teaching experience in SEP. 26.5% of the respondents had less than five years of experience in SEP, and 24.5% had between five and ten years of experience. 20.4% of the respondents had more than 25 years of experience in SEP.
In the process of collecting data, we used an individually designed questionnaire for SRPs. We used the Depression, Anxiety and Stress Scale (DASS) by Lovibond and Lovibond (1995) as the basis, especially to determine the incidence of various behaviors and moods that are characteristic of depression. The questionnaire was modified and adapted to the Slovenian context and validated by three practitioners in preliminary procedures.

3. RESULTS

The results showed the comorbidity of depression in pupils with profound ID. Only two respondents stated that they had never observed comorbidity in their pupils. The most often answer was that SRPs sometimes or often detect depression in their pupils (Table 1).

	Frequency (%)
Never	2 (4,1)
Rarely	14 (28,6)
Sometimes	21 (42,9)
Often	12 (24,5)
Total	49 (100,0)

Table 1: The frequency of occurrence of depression in pupils with ID.

SRPs most frequently observe comorbidity of depression in students with moderate ID (Table 2), followed by people with other diagnoses, and in third place students with more severe ID. SRPs do not observe comorbidity of depression in pupils with the most profound forms of IP. We assume that the severe ID is already so complex that the signs of depression are less clearly identifiable. People with the most severe ID are characterised by very basic and isolated functioning, limited to the most basic communicative signs (Žgur, 2019).

Level of ID / diagnosis	Frequency (%)
Moderate MDR	30 (63,8)
Severe MDR	8 (17,0)
Profound MDR	0 (0)
Other diagnosis	9 (19,1)
Total	47 (100,0)

Table 2: The frequency of occurrence of depression in ID according to the level of ID.

Table 3 shows the results according to the age of the pupils with comorbid ID and depression. 53.2% of the SRPs stated that depression is most commonly observed in students aged between 15 and 20 years. 36.2% of the SRPs considered depression to be most common in students over the age of 20, and 10.6% considered depression to be most common in students under the age of 15. The results show that the comorbidity of mental disorders in students with severe ID occurs during adolescence, which is also the period of turbulent hormonal changes (Kržišnik et al., 2014). The majority of studies on the comorbidity of ID and depression have been conducted in adults, so there is less data on the comorbidity in students with ID.

Age	Frequency (%)
Under 15	5 (10,6)
Between 15 and 20	25 (53,2)
More than 20	17 (36,2)
Total	47 (100,0)

Table 3: The frequency of occurrence of depression in ID according to the pupils' age.

Table 4 explains the occurrence of symptoms of depression in students with severe IDs. It contains 13 hypotheses that were rated on a 5-point Likert scale with the following levels: 1 (never), 2 (rarely), 3 (occasionally), 4 (frequently) and 5 (daily). These pupils are more likely to have difficulty showing initiative at school but are less likely to be seen screaming or crying. The most common atypical symptom of depression in pupils is the occurrence of unwanted behaviour. These pupils most often find it difficult to initiate schoolwork and very rarely exhibit signs of auto-aggression. The results suggest the presence of both typical and atypical symptoms of depression, as defined by some foreign authors (McBrien, 2003; Eaton et al., 2021; Golob, 2010; Hayes et al., 2011).

Type of behaviour, mood	N	Min	Max	M	SD
He/she is in a bad mood.	47	1	5	3,51	,718
He/she finds it difficult to function normally.	47	1	5	3,49	,856
He/she is gloomy.	47	1	4	3,26	,765
He/she is not interested in anything.	47	1	5	3,53	,881
He/she does not enjoy the things he/she does.	47	1	5	3,55	,855
He/she is irritable.	47	2	5	3,68	,810
He/she finds it hard to be enthusiastic about something.	47	1	5	3,53	,856
He/she finds it hard to initiate work.	47	2	5	3,81	,798
He/she does not look forward to future events/activities.	47	1	5	3,32	,862
He/she exhibits aggressive behaviour towards others.	47	1	5	2,87	1,055
He/she is autoagressive.	47	1	5	2,68	1,002
Unwanted behaviour is present.	47	2	5	3,55	,880
He/she often screams or cries.	47	1	5	3,15	1,000

Table 4: The frequency of occurrence of specific behaviours in pupils with comorbid ID and depression. Legend: N = sample size; Min = the minimum value of the variable; Max = the maximum value of the variable; M = the mean value; SD = standard deviation

In the research, we wanted to investigate which forms of support students with severe ID and depression receive (there were several possible answers) (Table 5).

The form of support	N	Percentage	*Percentage of cases
Psychotherapy – the help of a psychotherapist in the treatment of mental disorders.	7	7,1	14,9
Group support or therapy for pupils with similar problems from specialist staff	6	6,1	12,8
Individual help or therapy for the pupil from the professional staff	45	45,5	95,7
Medication therapy - treating a mental disorder with medication	30	30,3	63,8
Behavioural cognitive therapy - therapy that focuses on coping with the problems the student is experiencing at a given time	11	11,1	23,4
Total	99	100,0	210,6

Table 5: The forms of support or help offered to pupils with severe ID and depression.
**Percentage of all respondents who selected a particular answer.*

When supporting and helping these students, it is important to start with the individual and develop an individualized plan for them (Golob, 2010; James, 2017). This is also recognized by the SRPs that took part in the survey, as individual help and support is the most frequently used form of support (95.7%). Medication therapy is also frequently used (63.8%). Matson and Mahan (2010) are sceptical about the excessive use of medication in people with ID, due to the potential impact on the quality of life and the occurrence of side effects. Behavioural cognitive therapy is also effective for people with ID (McCabe, McGillivray and Newton, 2006; Vereenooghe and Langdon, 2013). However, there may be fewer positive effects of behavioural cognitive therapy for students with more severe ID due to their limitations in communication. In Slovenia, behavioural cognitive therapy is a less common form of support and assistance for pupils with severe ID, as it was chosen by 23.4% of SRPs. Psychotherapy and group therapy were the least frequently chosen by SRPs.
The survey also identified the professional profile of people providing mental health support to students with ID (multiple responses were possible) (Table 6).

	N	Percentage	*Percentage of cases
Special and rehabilitation pedagogue	38	28.4	80.9
Psychologist	31	23.1	66.0
Counsellor	25	18.7	53.2
Social pedagogue	5	3.7	10.6
Teacher	15	11.2	31.9
Special needs assistant	17	12.7	36.2
Other	3	2.2	6.4
Total	134	100.0	285.1

Table 6: Professional profile of people offering support to children and adolescents with severe ID and depression.
**Percentage of all respondents who selected a particular answer.*

It was found that in 80.9% of the cases the support was provided by SRPs. A warm and safe relationship with the teacher also plays a protective role in the occurrence of depression in students with severe ID (Olivier et al., 2020), so the role of the teacher in SEP and their relationship with students is very important. According to the frequency of support offered, psychologists occupy the second place (66.0%) and counsellors the third place (53.2%). Special needs assistants offer their support in 36.2% of the cases and other teachers in 31.9%. Social pedagogues are the least likely to provide support for students with severe ID (10.6%). Three SRPs (6.4%) chose the answer other, and additionally stated that support is provided by clinical psychologists or psychiatrists.
The survey also examined the frequency of support provided by SRPs to students with severe ID and depression (multiple answers were possible) (Table 7)

	N	Percentage	*Percentage of all cases
Individualized adjustments to lessons (adapted class schedule, workspace adjustments, classroom adjustments, time adjustments, short movement breaks, etc.)	43	27,0	91,5
Group support for students with similar problems (social games, social skills training, etc.)	23	14,5	48,9
Cooperation with external institutions	19	11,9	40,4
Cooperation with parents	40	25,2	85,1
Additional training	29	18,2	61,7
Involvement in psychotherapy or other types of therapy with the pupil	4	2,5	8,5
Other	1	,6	2,1
Total	159	100,0	338,3

Table 7: The role of SRPs in supporting students with severe IP and depression.
**Percentage of all respondents who selected a particular answer.*

Kodrič (2012) highlights the importance of collaboration between professionals and the school, as well as with parents. They can help each other with different techniques, important information about the child, etc. Working with other professionals makes them more competent in helping and supporting the child (Scott et al., 2018). Research has confirmed that SRPs most often work with parents, less with external professionals, and rarely get involved in the therapy itself.

4. DISCUSSION

Depression is most commonly observed in students with moderate ID, between the ages of 15 and 20, which is also related to the onset of adolescence. The study confirmed that depression is more common in students with moderate ID. This may be due to the recognition and diagnosis of depression, which may be more difficult in more severe ID due to limitations in the expression of their feelings. Most often, these pupils find it difficult to initiate learning, and they are the least likely to be observed screaming or crying. The most common atypical symptom of depression is unwanted behaviour. Students with ID exhibit typical and atypical symptoms of depression, which are also mentioned by some foreign authors. Atypical symptoms of depression in students with ID are mainly related to the occurrence of certain unwanted behaviours (Davis et al., 1997, in McBrien, 2003; Eaton et al., 2021; Golob, 2010; Hayes et al., 2011; McBrien, 2003). Atypical symptoms include autoaggression, aggression, crying, screaming, and unwanted behaviours. The latter is the most common of the atypical symptoms and is a trigger for further treatment. Other atypical symptoms of depression (aggression towards others, autoaggression, unwanted behaviour, screaming and crying) occur with approximately the same frequency as others. All of these symptoms have a big impact on the pupil's functioning in the school and home environment and are therefore an important indicator of their mental health. Research has shown that unwanted behaviours are the most common atypical symptom of depression in pupils with severe ID. Types of unwanted behaviour such as screaming, crying, aggression and autoaggression occur, but only occasionally. The research did not confirm that unwanted behaviours occur more frequently than other typical symptoms of depression. Eaton et al. (2021) also argue that people with severe ID and depression exhibit many of the typical symptoms of depression, but also some atypical ones, which was also found in our study. The assessment of the presence and level of depression remains an open question because pupils are the ones that usually report symptoms. Pupils with severe ID have communication difficulties due to their reduced ability to express feelings or even the absence of communication (Eaton et al., 2021; McBrien, 2003). It is even more important to take into consideration not so typical symptoms and

factors and treat them in a more holistic way (Marston, 1997; McBrien, 2003). Furthermore, the research finds that most pupils with severe ID and comorbid depression receive individualised support within the school. Medication therapy is the most commonly used, followed by behavioural cognitive therapy. Psychotherapy and group support are the least frequent therapies. SRPs are most often involved in supporting these pupils, followed by psychologists and counsellors. Potential types of support are already available within the classroom, as they allow for individualised adjustments, followed by cooperation with parents. SRPs most often work with parents, and to a lesser extent with external specialists. Various studies also indicate that collaboration between professionals and other people involved in the support of pupils with ID is crucial. Through collaboration, professionals share relevant information about the child, inform each other about appropriate methods and forms of work, plan adaptations together, etc.

5. CONCLUSION

People with severe ID and comorbid deficits often have mental health problems. Due to difficulties in communication, expressing themselves and generally identifying their feelings, their mental health problems are often not recognised early enough, and they consequently do not receive the help and support they need. With this study we wanted to highlight the difficulties of this population and of professionals working with this population at different stages of their lives. We wanted to investigate the prevalence of signs of depression to contribute to a better identification of pupils with severe ID and comorbid depression. We believe that the present study provides an opportunity to contribute to a greater recognition and role of preventive factors that can reduce the negative effects of certain disease processes. The role of mental health is also important in the field of education and training of people with severe ID.

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