

**LDAO Response to Mental Health Commission of Canada Stakeholder  
Consultation on  
Setting the Goals to Guide a Mental Health Strategy for Canada**

**April 2009**

**Responses to goals that overlap with learning disabilities issues:**

**Goal 2: Actions to promote mental health and well-being and to prevent mental health problems and illnesses**

Like mental health problems, learning disabilities (LDs) are invisible and are subject to misconceptions and lack of awareness. In addition, there is a strong overlap between LDs and mental health issues (see Appendix).

Therefore LDs need to be included in **risk factors** associated with mental health, and consideration of possible LDs must be included in promotion and prevention initiatives in a transformed mental health system.

Learning disabilities influence all areas of a person's life and the effects of LDs impact the mandate of many government ministries, including education, transitions to postsecondary education, sustainable employment, poverty and social assistance, the mental health sector, the justice system and corrections.

Therefore joint actions need to be taken for both LDs and mental health issues across departments and levels of government and across schools, workplaces, primary care and correctional systems.

**Goal 4: The importance of families in promoting recovery and well-being and their need for supports**

Family relationships are one aspect of a complex interaction amongst social, psychological, and biological or genetic factors that influence mental health and illness. This complex interaction includes learning disabilities (LDs) and family reactions to the stress of dealing with the LDs, and with the education and other systems.

Families of individuals with LDs with or without co-occurring mental health issues need access to information, education, guidance and support through programs such as parenting support, peer support and respite care.

'System navigators' to help guide families through the 'system' would be very useful, and they should be aware of needed supports and relevant services for LDs as well.

**Goal 5: Making appropriate and effective mental health services and supports accessible to people of all ages and seamlessly integrated around their needs.**

Awareness of the impact of both mental health issues and learning disabilities (LDs) need to be integrated into a wide network of sectors, including primary health care, education, the workplace and the justice system.

Individuals with LDs also need to have a smooth transition of services across the lifespan, and to be able to access a range of different services and supports. Many have multiple needs, including mental health needs.

Coordination of services across government departments (Ministries) is a huge problem for individuals with LDs in Ontario, and LDAO supports any efforts toward such coordination.

**Goal 6: Making sure that actions are based on appropriate evidence, outcomes are measured, and research is advanced.**

LDAO supports the principle that interventions should be based on appropriate evidence and that outcomes for services should be measured. In the field of education we talk about evidence-based practice. Further research on mental health areas should include investigating the effects of co-existing conditions, and interventions that include treatment of co-existing conditions.

LDAO agrees that research is only effective if it is translated quickly into front-line practice. This requires an education process.

## Appendix

The results of LDA Canada's applied research study, *Putting a Canadian Face on Learning Disabilities (PACFOLD) 2007* reported that:

- 14.7% of parents of children with LDs said that their child had been diagnosed with emotional, psychological or nervous difficulties, while parents of children without disabilities reported only 1% of such diagnoses.
- Persons with LDs were more than twice as likely to report high levels of distress, depression, anxiety disorders, suicidal thoughts, visits to a mental health professional and poorer overall mental health compared to persons without disabilities.

From **A barrier to learning: Mental health disorders among Canadian youth**, April 15, 2009, Canadian Council for Learning [www.ccl-cca.ca](http://www.ccl-cca.ca):

Co-occurrence rates between learning disability and depression are very high.[15]<sup>[16]</sup> Depression and anxiety are often a response to the learning disability, especially among girls.[17]<sup>[18]</sup> In other instances, however, psychiatric disorders (particularly depression) can interfere with children's ability to concentrate on cognitive tasks and, consequently, can interfere with their ability to learn.[19]<sup>[20]</sup> As well, depression and memory impairment are significantly associated.[21] In other words, students with depression may have trouble learning school material or recalling material for exams.