

# Problems in childhood and adolescence

## The child who is developing slowly

This section is about a child who is not developing at the rate at which most other children do. There is a great variation in physical and mental abilities among children (and adults!). Some children are better at sports than others. Some children are better in studies than others. Some children learn to walk later than others. When a child is slower in achieving important 'milestones' in development, then you should be concerned that the child may suffer from mental retardation (MR). This section deals with only some basic issues about mental retardation.

### The milestones of development

There are many milestones on the road from birth to becoming an adult. It is important to remember some important milestones that can be used to check whether a child is developing more slowly than expected. The milestones below can be used as a rough guide for detecting mental retardation.

<i>Milestone</i>	<i>Age at which most children achieve this milestone</i>	<i>Suspect mental retardation if milestone is delayed beyond ...</i>
Responds to name/voice	1-3 months	4th month
Smiles at others	1-4 months	6th month
Holds head steady	2-6 months	6th month
Sits without support	5-10 months	12th month
Stands without support	9-14 months	18th month
Walks well	10-20 months	20th month
Talks in 2-3-word sentences	16-30 months	3rd year
Eats/drinks by self	2-3 years	4th year
Can tell own name	2-3 years	4th year
Is toilet trained	3-4 years	4th year
Avoids simple hazards	3-4 years	4th year



Sits around 6 months.



Stands around 1 year.



Talks around 2 years.

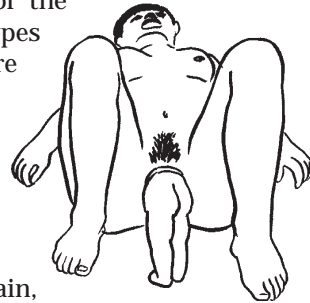
### *What is mental retardation (MR)?*

Mental retardation means that mental functions are 'retarded' or, in other words, not as well developed as expected for the age of the child. Children with mental retardation have difficulty with learning new things. The disability may affect all aspects of a child's development, from learning how to sit and walk to learning how to talk and eat. Mental retardation is not an illness, but a condition present from an early stage of life (usually from birth) which lasts for the rest of the person's life. There is no cure or treatment for mental retardation. However, there is much that can be done to improve the quality of life for the child and family. Mental retardation can be mild, moderate or severe. The vast majority of children with mental retardation have the mild variety. You can identify the degree of mental retardation from a careful history of the child's development.

### *What causes mental retardation?*

Mental retardation occurs because the brain is not developing properly. The development of the brain can be affected by many factors. The causes of mental retardation include:

- problems before the child is born, including poor nutrition for the mother, excess alcohol consumption by the mother and certain types of infections in the mother (in some parts of the world where there are low levels of iodine in the salt, the child may be born with a condition of low thyroid hormone function and mental retardation);
- problems during childbirth, such as prolonged labour or the umbilical cord becoming trapped around the baby's neck;
- problems in the first year of life, such as infections of the brain, severe and prolonged jaundice, uncontrolled convulsions, accidents and severe malnutrition;
- problems in the way the child is being looked after, such as poor stimulation, child abuse and emotional neglect;
- genetic conditions, such as Down's syndrome.



In most children with MR, we can never find out the exact cause.

### *When a child does not speak normally*

Some children appear quite normal in terms of their development of movements, sitting, standing and other physical functions. However, they have problems mainly with talking and speech. Always check the hearing of these children, as hearing problems can cause delays in their language development. If their hearing is normal, it is possible that they may be suffering from mental retardation. Another possibility is a rare condition called autism. Children with autism also show other behaviour problems such as difficulties in making social relationships with other people. You should refer children with language delays to a child specialist because the correct diagnosis is often quite difficult to make.



Problems during childbirth and emotional neglect can cause mental retardation.

### *How does mental retardation affect the child?*

Mental retardation affects a child's development in many respects:

- physical functions, for example the child's ability to walk and use his hands;
- self-care, for example the ability to feed, bathe and use the toilet independently;
- communication with others by talking and understanding what is being said;
- social functioning, such as playing with other children;
- mental illness;
- physical disabilities and diseases (the more severe the mental retardation, the greater will be the chance of physical health problems such as seizures and physical disabilities);
- family problems caused by guilt, unhappiness and anger about the child's mental retardation.

### *When should you suspect mental retardation?*

Suspect mental retardation if a child:

- is delayed in achieving key milestones;
- has difficulties in school work and playing with other children;
- is not able to carry out instructions.

Suspect mental retardation if an adolescent:

- has difficulties in social relationships with other adolescents;
- shows inappropriate sexual behaviour;
- is not able to learn at the same rate as other students in class.

Suspect mental retardation if an adult:

- has difficulties in everyday functioning (e.g. cooking, cleaning);
- has problems in social adjustment (e.g. making friends, finding work).

Moderate to severe mental retardation is usually detected in a child under two years. When mental retardation is first detected in an adolescent or adult, it is usually mild. This is why it escaped being detected in childhood and showed up as a problem only when the person was faced with new responsibilities later in life.

#### **When mental retardation and mental illness occur together**

Children with mental retardation are more vulnerable to mental illness. Children with mild mental retardation may become very aware of their limited abilities compared with other children and may show emotional and behavioural problems in the classroom (such as hyperactivity). As they grow older, their difficulty in making friends may make them depressed and angry. Sexual problems may arise. Children with more severe mental retardation often have brain damage, which can make them more vulnerable to psychoses. If a child with mental retardation shows a change in behaviour, you should suspect a mental illness.

## *How to deal with this problem*

### *Questions to ask the parents*

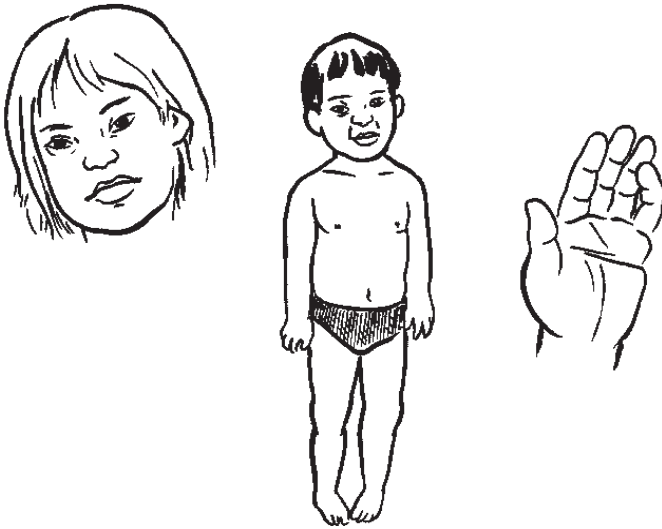
- Why are you concerned about your child's development? Get a clear story of which aspect of the child's development has led to the consultation.
- By what age did your child learn to hold her head steady? Sit with support? Stand with support? Walk by herself? Speak her first clear two-word sentence? These are the key milestones
- Does your child have any difficulties with her hearing? Seeing things? Rule out any sensory problems before you consider the possibility of mental retardation.
- For older children, ask about self-care abilities, school performance and behaviour.
- Does your child have any medical problems, such as fits?
- What do you feel is the cause of the problems? Some parents may think that evil spirits or a curse has caused their child to become retarded.
- Were there any problems during the childbirth, for example prolonged labour? Did the child have any problems during the first month or so after she was born? For example, did she have a high fever or fits? Is there any family history of learning problems? These questions help to identify the cause of the mental retardation.

### *Questions to ask the child*

Asking the child questions and examining his abilities requires some training and practice. The main tool in detecting mental retardation is a careful history from the parent about the child's development and abilities. If the child is old enough, you should ask about worries (such as relationships with friends, studies and school performance, and so on). Knowledge of the kinds of problems the child is facing may make you think of mental retardation as a cause of these problems. You will also be able to judge the child's verbal skills and get a sense of whether they are appropriate for his age.

### *Things to look for during the interview*

- Note the child's level of attention and involvement with the interview. Children with mental retardation often have difficulty following the interview and their mind tends to wander. They may look like they are daydreaming or not paying attention. They may have difficulty understanding simple questions and may give inappropriate answers.
- Unusual physical findings are sometimes seen in children with mental retardation. These include a small or large head and physical disabilities. However, most children with mental retardation look just like any other child.
- Some children may have a specific genetic syndrome that, in addition to producing mental retardation, also causes specific physical features. The commonest of these syndromes is Down's syndrome, where a child has slanting eyes, low ears, a short neck and, typically, a single prominent crease across the palms.



A child with Down's syndrome will have slanting eyes, low ears, a short neck and a single prominent crease across the palms.

### *Special interview suggestions*

Just because a child has MR, it does not mean he is not able to understand what is being said about him. Do not make the mistake of behaving as if the child were not in the room at all. Treat all children, no matter how severe the MR, with dignity and respect.

### *What to do*

The first and most important thing is to be absolutely sure that the child has mental retardation. The label of mental retardation has a serious impact because it means that the child has a problem that is not curable. It is a label that can cause great unhappiness and worry, so use it with care. Three useful strategies in being sure about the diagnoses are:

- In the interview, ask the child to do some simple verbal or written tests that you would expect a child of that age to be able to do easily. For example, ask a child who is three years old to tell you her name.
- For school-age children, ask for a teacher's report on school performance.
- Get a second opinion from a child or mental health specialist.

Once you are confident that the child has mental retardation, determine its severity. The abilities a child has will be an important indicator of how much progress he is likely to make in the years ahead. It is essential to educate the parents about what can be realistically expected of their child.

- Most children with mild mental retardation will be able to go to school. Many children may manage in a regular school, especially if the teachers are sensitive to their needs. Others may need special schooling. Most children will be able to care for themselves and be fairly independent. These children will mainly have difficulties in making friends as they grow older and in finding jobs. Routine jobs may be the ideal kind of employment for them.

- Most children with moderate mental retardation will need to be in special schools. They may need prompting and help with daily activities. For example, a child may learn to wash and go to the toilet on her own, but may need reminders and occasional checking. Most children will be dependent on their families for social interaction. Most will not be able to hold regular employment. However, some sort of sheltered employment in workshops may be possible. Sexual adjustment may become a problem in adulthood.
- Children with severe mental retardation are likely to need care for most of their lives. They may suffer from physical disabilities and medical problems. Bladder and bowel control may not be achieved until very late. Such children may not be able to cope even in special schools. Employment is not a realistic possibility.

If the child has a specific medical problem, such as low thyroid function, or fits, refer him for specialist advice. Other than these special (and rare) situations, there are no indications for the use of medicines for the treatment of mental retardation. Do not use 'brain tonics' or other medicines supposed to help 'mental function'. These are not only expensive but will not be of any help.

Reassure the family that even though their child has limited mental abilities, she will be able to achieve many milestones in life. They must be prepared to accept a delay in these milestones and be realistic in what they expect their child to achieve. Specifically explain that there are no cures, and that they should not waste money on false claims of cures.

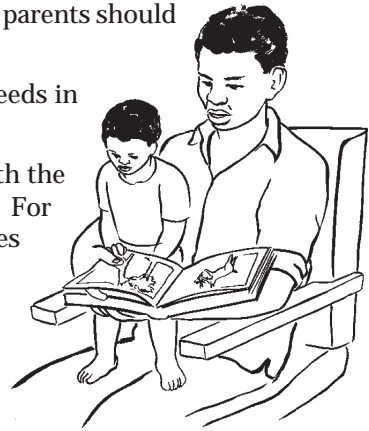
Teach the parents how to help the child in daily activities such as toileting and feeding. Here are some general guidelines:

- Parents should be flexible in what they expect from their child.
- According to the degree of mental retardation and the child's age, parents should decide on what sorts of activities they want their child to learn. They should start with simple tasks and move to more complex activities only after the simpler ones have been achieved.
- Activities should be broken down into smaller parts. For example, having a bath can be broken down into holding the mug of water, holding the soap while the parent applies soap, the child soaping herself, pouring the water to wash away the soap and drying herself with a towel. Each of these parts may need to be learned separately before they can all be put together as a complete activity. The activity should be repeated for at least two weeks before the parents move on to teaching the next activity.
- The parents should stimulate the child even if they feel it is pointless. For example, they could talk to the child or read a book with him. They may need to use language that is more



appropriate for younger children. As the child speaks more, the parents should keep raising the level of their own speech and story telling.

- Parents should use reward and praise whenever the child succeeds in any activity, however small.
- Parents should find activities that help them to spend time with the child and yet allow other household activities to be done. For example, the child could learn to help the mother in daily chores in the house.
- Social activities – such as learning to greet someone and say goodbye, to share toys and take turns, to ask for permission to use things that belong to others and to learn to deal appropriately with the opposite sex – are important aspects of the child's adjustment to living independently. Parents should be consistent when giving instructions, and be a role model to the child. They should explain clearly what they expect the child to do and why, and praise her when it is done the right way.
- Parents should not overprotect the child, but should let the child do whatever he can do on his own. This will make him more confident and self-reliant.



Never ignore the child's educational needs. Some parents simply feel like giving up on the child's education when they discover that the child has mental retardation. Stress to the parents their child needs education as much as any other child. Refer the family to local schools for children with special needs.

Provide information about any special schemes to help families with children with mental retardation through either financial or educational help.

Stay in regular touch with the family. Some families go through a lot of stress because of caring for a child with mental retardation, especially when it is severe. Caring can itself be a cause of stress and mental health problems. Refer parents to support groups in your area.

### *When to refer*

Refer the child and family to a specialist if you suspect a condition such as low thyroid function or repeated convulsions is the cause of the mental retardation – early use of thyroid medicine or anticonvulsants can help prevent deterioration in mental abilities.

#### **Things to remember when dealing with mental retardation**

- Delay in development is most often because of mental retardation. Mental retardation is not a disease, but a condition that lasts the entire lifetime of the person.
- The majority of children with mental retardation look like other children.
- Mental retardation is not curable but may be preventable. Ensuring healthy pregnancies, childbirth and early child care and development will help prevent the majority of cases.
- Early detection is important because parent training may help improve the final outcome for the child.
- Mental retardation may not be detected until adolescence or even adulthood; usually, the mental retardation is mild in such situations.
- The parents will likely need information on how to care for the child and how to provide special education.
- Medicines have very little role to play in mental retardation except in the control of seizures and severe mental illnesses that can occur in some individuals.

If there is a child guidance clinic or mental health specialist in your area, refer any child you think has mental retardation for a further assessment. Mental retardation is a label the child will carry for life; be very careful about using it without a second opinion.

