Having a learning disability affects the way a person understands information and how they communicate. Children with more severe learning disability (LD) may have no, or extremely limited, verbal communication and may require support with everyday tasks such as dressing and toileting. Many will experience complex physical health, sensory, and mobility difficulties.

Learning Disability CAMHS Service

Learning Disability CAMHS is a specialist service within the generic CAMHS team. It is comprised of a multidisciplinary team that provides a service to children and young people of school age who have a global learning disability and additional mental health difficulties.

Psychological therapies used in the team are based on a comprehensive assessment of the young person’s difficulties and are informed by a range of psychological models.

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<tr>
<th>Assessment can include:</th>
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<tr>
<td>Functional Analysis</td>
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<td>ABC recording</td>
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<td>Frequency/intensity recording</td>
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<td>Identifying setting events</td>
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<td>Reinforcement assessment</td>
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<td>Clinical Interview</td>
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<td>Family history</td>
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<td>Developmental history</td>
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<td>Parental attitudes/styles</td>
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<td>Cognitive Assessment</td>
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<td>Adaptive behaviour/skills assessment</td>
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<td>Other standardised assessments</td>
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The comprehensive assessment is then used to inform evidence-based interventions including:
- Behaviour therapy
- CBT
- Anxiety management
- Systemic work
- Family therapy
- Counselling approaches
- Psycho-educational approaches

Target of intervention
The focus of the intervention can be:
- The young person
- The young person and their family
- The wider system involved in their care e.g. people within the young person’s school, short break provision or long term residential placement

Psychological theories and models used include:
- Attachment theory
- Learning theory
- Biopsychosocial models
- Cognitive theory
- Social learning theory
- Attribution theory

The mental health needs of children with a Learning Disability

1 in 3 children and young people with LD in Britain have a diagnosable psychiatric condition. 50% of children and young people with LD have comorbid disorders.

Children and young people with LD are:
- 33x more likely to have Autism Spectrum Disorder (ASD)
- 8x more likely to have Attention Deficit Hyperactivity Disorder (ADHD)
- 6x more likely to have Conduct Disorder
- 4x more likely to have an emotional disorder
- 1.7x more likely to have a depressive disorder

In this client group mental health difficulties are more likely to present as behaviour difficulties.