MENTAL HEALTH NEEDS OF CHILDREN AND YOUTH WITH LEARNING DISABILITIES

Overview of a Community Needs Assessment

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ABSTRACT

The purpose of the present report is to describe a community needs assessment that puts the process and choice of a suitable approach into a context. The study examined the mental health needs of children and youth with learning disabilities and their families and how they fit within the continuum of services in Metropolitan Toronto. A series of recommendations was developed for the Ministry of Community and Social Services. The recommendations emphasize: prevention, training and consultation, and research. The study illustrates the importance of involving relevant constituencies in both the planning of a needs assessment and the formulation and implementation of recommendations based on the investigation.

The concept of needs assessment evolved in the United States during the mid-1960s as a direct offshoot of the social action legislation of the period. Assessment of need was often required as a means of identifying program goals and setting the level of funding requested to address those goals (Stufflebeam, McCormick, Brinkerhoff, & Nelson, 1985). Since that time, needs assessment has expanded in purpose and scope. Needs assessment contributes to informing policy development, supporting resource development or allocation, achieving consensus among constituencies, and developing a knowledge base about need.

There is no single or preferred approach to conducting a needs assessment. In the social science literature, reports on needs assessment are meagre and tend to be included under the broader heading of program evaluation (Meyers, 1988). Needs assessment and evaluation share many of the same measurement and analysis techniques. Both activities involve identifying and ranking the importance of problems and examining the effectiveness and value of programs and services in relation to the problems that they are intended to address. Stufflebeam et al. (1985) have suggested that the major distinction between the two approaches is that of temporal perspective, in which needs assessment usually addresses a future-oriented question (i.e., What goals could or
should a program or service be pursuing?), whereas evaluation usually addresses a present or past-oriented question (i.e., What has the program achieved?).

The literature on needs assessment proposes a variety of approaches and methods in this context; it would be helpful to the planner/researcher to consider an actual illustration of a needs assessment. The purpose of the present article is to describe a recent community needs assessment as a means of helping the evaluator consider the needs assessment process and choice of a suitable approach in an applied context.

**APPLICATION OF A NEEDS ASSESSMENT APPROACH**

Integra is a children's mental health centre that addresses the special needs of learning disabled (LD) children and youth and their families. Integra was commissioned by the Toronto Area Office of the Ontario Ministry of Community and Social Services (MCSS) to assess the mental health needs of this population and how they fit within the continuum of child/youth services in Metropolitan Toronto.

During the fall of 1988, Integra formulated the terms of reference for the study. It was hypothesized that learning disabilities are a prominent feature among children and youth receiving services in Metro Toronto. Learning disabilities represent the most prominent category of exceptionality identified in the province of Ontario (LDAO, 1989). The impact of LD is felt across the child's social system, in his or her family, school, and community life. The need to better understand the nature and dimension of these effects suggested that a comprehensive examination across service domains was necessary.

Integra's unique focus in the area facilitated the identification of persons and groups in the community who would have an interest in the issues to be investigated. Consultations with the identified audience contributed to establishing relevant study goals and objectives, as well as a general commitment to support and consider the study's results.

The assessment strategy entailed a key informant survey including both a mailed questionnaire survey to service providers as well as semistructured interviews with representatives of the Learning Disability Association of Ontario (LDAO), an advocacy group largely comprised of the families of LD children. Concurrent with these activities, the investigators initiated a survey of the literature that lasted the duration of the project. The literature review contributed to the theoretical underpinnings and relevance of the study findings. The goals of this study were threefold: (a) to report the prevalence of children and youth with learning disabilities receiving services in Metro Toronto, (b) to construct a profile of the psychosocial difficulties experienced by this population, and, (c) to identify service needs of this population from the perspective of service providers. These findings would contribute to the formulation of recommendations to MCSS regarding the continuum of mental health services for this population in Metro Toronto (Cummings, Hebb-Grier, Brazil, & Vallance, 1991).

**Service Provider Survey**

The service provider survey was seen as a means to interview those who, by virtue of their position, understood local characteristics of service delivery and indicators of need. The findings were not intended to represent a direct investigation of characteristics of that population.

**Survey Questionnaire.** The survey instrument was designed to collect data regarding prevalence, psychosocial characteristics,) and the mental health needs of learning disabled children and youth engaged in a range of human services in Metropolitan Toronto. The format of the questionnaire allowed for both quantitative and qualitative responses. Executive Directors, Clinical Directors, Psychologists, Researchers, Educators, and other disciplines representing all of the surveyed domains pilot tested the questionnaire.

There are well-documented differences of opinion regarding the most apt definition of learning disabilities. Indeed, the Journal of Learning Disabilities has served as a forum to address this fundamental issue (Siegel, 1989). Recognizing this, the investigators selected a commonly applied definition as a frame of reference for respondents. Children and youth with learning disabilities were characterized for the purpose of the study by the definition utilized by the Canadian Association for Children with Learning Disabilities (CACLD, 1982). This definition describes learning disabilities with reference to dysfunctional learning processes, the role of the central nervous system, discrepancy between performance and potential, and exclusionary criteria.

**Survey Respondents.** Directors of human service organizations that provide services to children and youth between the ages of 6 and 18 years were chosen for the survey. Relevant organizations were selected through a review of the 1989 edition of the directory of Community Services in Metro Toronto. The Directory lists voluntary community agencies and government programs that provide human service. Within the Metropolitan Toronto boundaries the following municipalities were included: Scarborough, North York, East York, Toronto, York, and Etobicoke.

Ninety organizations of programs whose service man-
date might include children and/or youth with learning disabilities were selected to be surveyed. The organizations were categorized in the following domains: social services, children's mental health, health, young offender programs, child welfare, and education.

Procedure. In June of 1989, questionnaires were mailed to selected respondents. The mailing included a covering letter describing the purpose of the study and a self-addressed, stamped envelope in which to return the questionnaire within 2 weeks. All respondents were assured that identifying information would be restricted to the research team. Any information made available to the public would be in aggregate form, which would ensure the respondent's confidentiality. A protocol of four follow-up calls in 2-week intervals was initiated to pursue questionnaires that were not completed in the initial time frame. Once a completed questionnaire was received, thank-you letters were sent to the respondent. Completed questionnaires were then reviewed to determine if they contained ambiguous responses or omitted items. In such cases respondents were asked for clarification or further information.

The response rate of 88% (n = 79) reflected good coverage of the range of services. The professional background of key informants emphasized three primary disciplines, social work, 32% (n = 25); psychology, 27% (n = 21); and education, 13% (n = 10). Other respondents included psychiatrists, paediatricians, child care workers, probation supervisors, occupational therapists, and other human service professionals.

Findings

Prevalence. Eight-five percent of responding organizations indicated that they were serving children and youth with learning disabilities. The average rate of prevalence within Education, 4.2%, was much lower than other services as it demonstrated prevalence within the general population. It is notable that the rate of prevalence reported by education varied widely from one board of education to the next, ranging from .9% to 27%. This reflected considerable variance among boards of education in their approaches to the identification of learning disabilities.

Statistical analyses by service area allowed differences among service domains as well as patterns of need in different service areas to be identified. A high percentage of learning disabilities was identified in specialized clinical populations, such as those children who receive Day Treatment, Residential Treatment, or Mental Health Outpatient Services. Particularly striking was the prevalence among children and youth who were receiving intensive milieu treatment within the Young Offenders, Social Service, Health and Children's Mental Health service domains. Sixty-five percent of Day Treatment clients (receiving mental health treatment occurring daily for a minimum of 3 hours) and 46% of those in Residential Treatment were reported to have learning disabilities. The prevalence of learning disabilities reported in Mental Health Outpatient clients was 29%.

Respondents across service categories reported that an average of 44% of their clients were referred for service due to problems in school. Children and youth with identified learning disabilities represented about one-third of this group. Close to one-third more had not been diagnosed but were suspected to have learning disabilities.

Psychosocial Characteristics. Survey respondents provided a profile of the psychosocial characteristics of their population with learning disabilities. A list of 27 items was rated. This list was formulated on the basis of clinical experience with this population, the pilot research and interviews with representatives of the surveyed domains, and the inclusion of meaningful items from the Child Behaviour Checklist (CBCL) (Achenbach & Edelbrock, 1983), a measure that examines children's behavioural problems and competencies in a standardized format.

Principal Components Analyses were conducted with Varimax rotation. Initial analysis revealed a seven-factor solution, all with eigenvalues greater than 1. A judgement was made to proceed with a more parsimonious approach in specifying two factors based on the belief that the difficulties experienced by this population reflected a hybrid of educational and mental health issues.

The subsequent Principal Components Analysis of items revealed two principal components or factors, one primarily composed of Social/Emotional items and one primarily composed of Cognitive/Academic descriptors. These factors explained more than half the variance (55%) in respondents' view of the psychosocial characteristics of individuals with learning disabilities. Items listed below have loadings greater than .5.

The Social/Emotional factor focused on what respondents saw as mental health concerns related to learning disabilities. This factor included the following characteristics:

- delinquency
- hyperactivity
- drug and alcohol abuse
- conflict in the family
- aggression toward peers
- lack of friends
- school disruption

Cognitive/Academic characteristics of learning disabilities related to problems in the areas of learning and attention included:

- poor organizational skills
- poor social skills
- difficulty following instructions
- expressive language disorders
• receptive language disorders
• reading/writing difficulties
• inattentiveness

It was notable that the Social/Emotional factor explained more of the variance (32.3%) than did the Cognitive/Academic factor (22.7%). The somewhat greater strength of this factor could in part be due to the mental health focus, which was the basis of the questionnaire, as well as the service mandate of the responding organizations. Nevertheless, given that respondents rated the frequency of perceived characteristics from among a relatively balanced representation of psychoeducational and psychosocial items, the emphasis given to psychosocial behaviours was noteworthy for a disorder that traditionally has been addressed in terms of its primary learning and academic characteristics.

Service Needs. Sixty-four percent of survey respondents indicated that children and youth with learning disabilities had psychosocial service needs that could be distinguished from the rest of their client population. This distinction was based on the observation of specific social skill difficulties and other unique learning disability characteristics among clients who had been identified as needing support. Concern regarding current psychoeducational services for learning disabilities included long waiting lists, a lack of available expertise, and prohibitive costs for private support. Respondents emphasized that clients with learning disabilities needed support in the areas of prevention, special education, family support, parent groups, social skills training, child management, and psychoeducational assessment.

Seventy-five percent of survey respondents expressed the need for training and consultation related to the psychosocial needs of both children and youth with learning disabilities and their families. A range of training and consultation needs emerged across service categories. Many service providers asked for support in identifying and assessing learning disabilities. Responses suggested a need for support that fosters a more discrete understanding of the impact of learning disabilities on social and behavioural adjustment.

LDAO Interviews
An investigation that regarded both service provider and service recipient perspectives was viewed as enhancing the understanding of how children and youth with LD experience support or intervention through the service delivery system. The learning disability field has developed largely as a function of the advocacy that has been provided by the families of children and youth with learning disabilities. This invisible disability is frequently first recognized and understood by a parent who must “fight” for his or her child’s rights to specialized support.

In 1963, a group of concerned parents in the United States organized the Association for Children with Learning Disabilities, or ACLD. The Canadian group is known as the Learning Disability Association of Canada (LDAC), and Ontario’s chapter is the Learning Disability Association of Ontario (LDAO). The LDAO’s volunteers are active in advocating for the needs of individuals with learning disabilities and offering support to their families. The Association’s advocacy emphasizes the psychosocial as well as the psychoeducational needs of individuals with learning disabilities.

A sense of the experience of individuals and families who have lived with learning disabilities helps us to understand their challenges. In this study, this experience was articulated by LDAO representatives with varying personal, family, and professional experiences about growing up with significant learning disabilities. One respondent described her experience in the primary grades when she knew, “. . . right from the beginning that something was wrong or different with the way I interacted. I first identified something crucial about grade 2 when I couldn’t read. . . . I was not very good at acquiring friends; I could not play ball because moving objects confuse me, I lost those abilities to communicate with others. My adaptation was one of having to retreat from social interaction.”

Another LDAO representative, the parent of a youth with learning disabilities, described the disproportionate and often dysfunctional attention allocated to the child in school and at home. A lack of basic academic competence is a great impediment to the child’s developing identity. Many children with learning disabilities are left with little opportunity to capitalize on their positive attributes.

The provincial association’s Executive Director stated that “. . . a lot of people still look at learning disabilities as an educational and motivational problem. My experience is that remediation is an important component, but it alone will not deal with the whole issue.”

The LDAO interviews indicated that the service community in Metropolitan Toronto was committed to dealing with “the whole issue” and sought support from the LDAO in this endeavour. The interviews with members of the LDAO were viewed as a means to catalogue the concerns of families and to elaborate on the information collected in the service provider survey.

Recommendations
Needs assessment does not end with the identification of needs, but requires integration of information for use in decision making. The integration of multiple sources of information is a major challenge in needs assessment (McKillip, 1987).

The findings in the study indicated that children and youth with learning disabilities were overrepresented within specialized and clinical populations. The mental health needs of this population were seen as prominent, suggesting considerable risk associated with learning disabilities. The formulation of recommendations based on these activities represented a crucial next step.
Research and policy development in the human services in the Province of Ontario converge with the implications of the study. For example, the conclusions of the Ontario Child Health Study (Offord, Boyle, & Racine, 1990) emphasize the need to “design health, social, and educational services to recognize the overlap among outcomes . . ., in particular between psychiatric disorder and poor school performance” (p. 20). The study findings supported this need within the learning disabilities population.

A growing emphasis on prevention in the human services attained a more refined focus as it applied to children and youth with learning disabilities, a well-specified population at risk. Key informants whose service mandate included learning disabled individuals stated the need for assistance to ensure that this population’s needs were addressed. Although the study emphasized service issues, in the final analysis it was viewed to be about healthy social and emotional development and family function. Three fundamental areas of need were identified in the study’s recommendations: prevention, training, and consultation and research.

Prevention. It was recommended that government policy and service planning incorporate a preventive approach to addressing the psychosocial needs of children and youth with learning disabilities. Suggested directions included the development of early identification and intervention initiatives to screen and support children and families at risk for mental health problems related to learning disabilities. The findings suggested that it was of particular importance to increase availability of psychosocial support to children and youth with learning disabilities within their social system, particularly in schools.

Training and Consultation. The Ontario Ministry of Community and Social Services has emphasized the development of generic human services. The extent to which children/youth with learning disabilities are a concern in existing services suggested a need to support and enhance these services in order to foster a response that is as appropriate, efficient, and normalized as possible. It was recommended that training and consultation related to the psychosocial aspects of learning disabilities and youth with learning disabilities be prompted in the service delivery system. This was seen as a means to engender an understanding of how to help children/youth better adapt and benefit from their social environment.

A suggested initiative entailed the development of a training plan to address the specific needs of professionals within particular categories of human services with a view to developing approaches (e.g., workshops, seminars, consultation) promoting an understanding of social, emotional, behavioural, and family problems related to learning disabilities.

The results of the survey supported an emphasis on consultation and support to teachers to assist them in recognizing and addressing the psychosocial needs of their students with learning disabilities. The classroom was viewed as an environment where there is a need for an understanding of learning disabilities that includes psychosocial dimensions.

Research. Finally, research opportunities were promoted with the objective of increasing understanding of the psychosocial aspects of learning disabilities. Collaborative research, bringing together researchers from clinical and academic settings, was seen as particularly important to this objective.

DISCUSSION

Needs assessments are typically used to delineate the boundaries of a social problem. The definition of what people “need” is based on the social and professional values that are accepted at a given time. These values constantly change, reshaping policy, systems, and programs. In this environment a shared understanding of issues with constituency groups strengthens the needs assessment effort.

An important aspect of the present study was the inclusion of constituency groups not only in the development of the needs assessment effort but also in the review and dissemination of the results. Assessors frequently overlook the fact that needs assessments are undertaken within a political environment. Without the active support of important constituency groups coupled with a keen sense of timing, needs assessments will seldom have any impact. The assessor must be strategic and consider context factors such as: constituency groups and their roles, public sentiment regarding the issue, competing community concerns and issues, and whether the study is matched to a public decision-making process, such as a budget cycle or a legislative session (Ridgeway & Carling, 1987). Successful implementation of recommendations growing out of needs assessment depends on ongoing advocacy and vigilant attention to this complex of factors.

There is no single correct method for a needs assessment; a wide variety of approaches are available ranging from relatively simple mathematical modelling through intensive survey research techniques. The needs assessor must be strategic in selecting a method that has the potential to achieve the goals of the study while not being too costly, both financially and politically. Recognizing that trade-offs are inevitable, the advantages and disadvantages of various methods should be reviewed. Often a multimethod approach incorporating both qualitative and quantitative evidence is taken. In the present study the quantitative approach used in a ser-
vice provider survey was complemented by qualitative evidence collected in face-to-face interviews with LDAO representatives.

Although the key informant survey method employed in the present study holds several advantages, such as providing a rich picture of the community under investigation, there are pitfalls associated with the approach. Many key informants are over-surveyed and may view a survey as burdensome or "must-do" paperwork, making responses problematic. Key informants are not representative of the population as a whole, so results are skewed toward the ideas and opinions of professionally or politically active individuals. Finally, key informant data usually represent impressionistic rather than "hard" data, relying on the informant's best "guesstimate" rather than more empirical measurements (Ridgeway & Carling, 1987).

Needs assessments provide a basis for decisions about who will receive what services and what goals will be pursued. The allocation of resources or social goods can be viewed as problems of distributive justice (Rawls, 1971). The concept of distributive justice deals with the appropriateness of access to the condition and goods that affect an individual's well-being. This consideration emphasizes the importance that needs assessments provide not only valid, useful information but also that needs assessments are implemented efficiently and used appropriately. One way to judge the quality of a needs assessment is against appropriate and generally agreed upon standards (Stufflebeam et al., 1985). Stufflebeam et al. (1985) have promoted the application of the standards developed by the Joint Committee on Standards for Educational Evaluations (1981) to the evaluation of needs assessments.

The Joint Committee developed 30 standards that are grouped according to four attributes of an evaluation: utility, feasibility, propriety, and accuracy. A description of these standards is detailed elsewhere (Joint Committee on Standards for Educational Evaluation, 1981). Stufflebeam views the standards assisting the needs assessor and client in two main roles, "to plan and guide a needs assessment; and to assess and publicly report its strengths and weaknesses." The ultimate aim of the standards is to assess the overall worth of the needs assessment. These standards should serve as a major foundation in the professional practice of evaluation and needs assessments. The field would benefit by their influence.

REFERENCES


