

Effects of Learning Disability on Mental Health among Primary Level Students

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ABSTRACT

The present research work will be a representation of learning disabled children. Learning disabilities affect a person's ability to learn, to communicate, carry out everyday tasks. It also affects specific domain of psychological aspects. The main objective of this research is to study the effect of learning disabilities on mental health. There are 120 learning disabled and non-learning disabled school going students chosen from various schools of Akola district by quota sampling method. Mental health among the subject was measured by 'Mental Health Inventory' (M.H.I.) developed by Dr. Jagdish and Dr. Srivastav (1984). Results and findings show that there is significant effect of learning disability on mental health. Learning disabled boys and girls also shown significant difference in their mental health as compared to non-learning disabled boys and girls. Further discussion and justification are highlighted in full-length in the research paper.

Keywords: *Learning Disability, School Going Students, Mental Health*

Children are precious. Childhood is a time of remarkable physical, cognitive, social and emotional development. An infant enters the world with a limited range of skill and abilities. Watching a child develop motor, cognitive, language skills is a source of wonder for parents and caregivers. Early childhood experiences are critical for a child's development both for their immediate well-being as well as in the future. If children received the best start in their early years of life, they are more likely to have grown healthily, developed language and learning capacities, gone to school and led a productive rewarding life.

Learning disability is a classification including several areas of functioning in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. While learning disability and learning disorder are often used interchangeably, the two differ. Learning disability is when a person has significant learning problems in an academic area. These problems, however, are not enough to warrant an official diagnosis. Learning disorder, on the other hand, is an official clinical diagnosis, whereby the individual meets certain criteria, as determined by a professional (psychologist, pediatrician, etc.) The

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difference is in degree, frequency, and intensity of reported symptoms and problems, and thus the two should not be confused.

Concept of Learning Disability

In the 1980s, the National Joint Committee on Learning Disabilities (NJCLD) defines the term learning disability as:

A heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to Central Nervous System Dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g. sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g. cultural differences, insufficient/inappropriate instruction, psychogenic factors) it is not the direct result of those conditions or influences.

The NJCLD used the term to indicate a discrepancy between a child's apparent capacity to learn and his or her level of achievement. Strong converging evidence supports the validity of the concept of specific learning disabilities (SLD). This evidence is particularly impressive because it converges across different indicators and methodologies. The central concept of SLD involves disorders of learning and cognition that are intrinsic to the individual. SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. SLD may occur in combination with other disabling conditions, but they are not due primarily to other conditions, such as mental retardation, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits."

Children or adolescents may be diagnosed with Learning Disabilities when their achievement on individually administered, standardized tests in reading, mathematics, or written expression is significantly below what is expected for their age, schooling, or level of intelligence. The umbrella term "Learning Disabilities" includes Reading Disabilities, Disabilities of Written Expression, and Mathematics Disabilities.

Deficits in any area of information processing can manifest in a variety of specific learning disabilities. It is possible for an individual to have more than one of these difficulties. This is referred to as co morbidity or co-occurrence of learning disabilities. Individuals with LD have difficulties with academic achievement and progress. Discrepancies exist between a person's potential for learning and what that person actually learns.

- Individuals with LD show an uneven pattern of development (language development, physical development, academic development, and/or perceptual development).
- Learning problems are not due to environmental disadvantage.
- Learning problems are not due to mental retardation or emotional disturbance.
- Learning disabilities can affect one's ability to read, write, speak, spell, compute math, and reason. They also can affect a person's attention, memory, coordination, social skills, and emotional maturity.
- Individuals with LD have normal intelligence, or are sometimes even intellectually gifted.
- Individuals with LD have differing capabilities, with difficulties in certain academic areas but not in others.
- Learning disabilities have an effect on either input (the brain's ability to process incoming information) or output (the person's ability to use information in practical skills, such as reading, math, spelling, etc.).

Meaning of Learning Disabilities

Learning Disabilities Association of Ontario, (2001) Learning Disabilities” refers to a variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes related to learning, in combination with otherwise average abilities essential for thinking and reasoning. Learning disabilities are specific not global impairments and as such are distinct from intellectual disabilities. Learning disabilities range in severity and invariably interfere with the acquisition and use of one or more of the following important skills:

- Oral language (e.g., listening, speaking, understanding)
- Reading (e.g., decoding, comprehension)
- Written language (e.g., spelling, written expression)
- Mathematics (e.g., computation, problem solving)

A disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Learning disabilities include such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. Learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural or economic disadvantage.

The Effects of Learning Disability

Children or young people who have a general learning disability are aware of what goes on around them. However, their ability to understand and communicate may be limited, and they can find it hard to express themselves. Speech problems can make it even harder to make other people understand their feelings and needs.

For a parent, it can be distressing to find out that their child has a general learning disability. It may be hard for them and other members of the family to understand why their child is like this. It can also be hard to communicate with the learning-disabled child, difficult to manage their behavior and hard to make other people understand their child’s limitations.

Children can become frustrated and upset by their own limitations. When they compare themselves with their peers, they feel sad or angry and think poorly of themselves. Learning disabilities affect many psychological aspects of their life like intelligence, attention, achievement, memory, creativity and mental health etc.

II) Mental Health

The term mental health is often used loosely, but generally it means to convey the idea of psychological well-being, or absence of mental illness, merely in terms of what is going on in the mind of an individual.

Thus, health is a broader concept which includes physical, social and psychological health. Mental health has been reported as an important factor influencing individual’s various behavior, activities, happiness and performance. Before the second half of the 20th century mental health was considered as the absence of mental disease but today it has been described in a more positive connotation and not as the absence of mental disease. Today

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mental health means the ability of the person to balance one's desires and aspiration, to cope life stress and to make psychological adjustment.

Mental health can affect daily life, relationships, and even physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience.

Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave. The term 'mental health' is sometimes used to even describe aspects related to the existence or absence of mental disorders and its impact.

Definition of Mental Health: "Emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one's instinctual drives acceptable to both oneself and one's social milieu; an appropriate balance of love, work, and leisure pursuits."

According to the WHO (World Health Organization), mental health is: "... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. "Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. "Concepts of *mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential.*" It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and contribute to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly. For all individuals, mental, physical and social health are closely interwoven, vitastrands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.

The present research work will be worthwhile for learning disabled children. This research will be useful as the study throws light on the psyche of these children. The findings from this research will be worthwhile as the study throws light on the psyche of the learning-disabled children. This understanding will help these children to be a part of the main stream society. Outcomes from this research will pave a path for a progressive nation.

REVIEW OF LITERATURE

Gitanjali Sharma (2004) examined the personality characteristics of 180 boys and girls of ages 8, 9, and 10 with learning disabilities (LD) in 3rd, 4th, and 5th grade in urban and rural

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primary schools of Andhra Pradesh, India. The subjects were identified based on their scholastic achievement on a spelling-dictation test, an oral reading test, a reading comprehension test and an arithmetic test developed specifically for the purpose, along with mental ability tests – Raven’s Standard Progressive Matrices and Draw-A-Man. An adapted version of the Children’s Personality Questionnaire (CPQ) was administered to the subjects with LD and a comparison group of children without learning disabilities (NLD). Examination of scores obtained by LD and NLD subjects on the CPQ portrays the LD child as having problems in social and emotional adjustment. Further, the older LD children tended to show a more maladaptive behavioral disposition than the younger, and there was a significant gender effect among LD children. Dr. Ahmed Elhassan Hamid Hassan (2015), researched further to know the emotional and behavioral problems of learning disabilities children. The results indicated that the emotional and behavioral problems among children with learning problems are: thinking problems, poor concentration, attention deficit, less of activity, lack of interaction, lack of a sense of self-confidence, reduce the value of self, sadness, emotion confusion, and emotional distractions, fidgety (unsettled), aggression, excess consumption of activity, Non-interaction, hyperactivity delinquency, phobia, sleep for short periods, continuing changes in sitting, and busy with concern topics, and the differences exist in emotional and behavioral problems among learning disabilities children according to type of learning disabilities.

Problem: To study the effect of learning disability on mental health of students.

Objectives: The objectives of the present research are as follows:

- 1) To study the effect of learning disabilities on mental health.
- 2) To compare the mental health of learning disable and non-learning disable children.

Hypotheses

The hypotheses of the present research are as follows:

1. There is no significant difference between mental health of learning disable and non-learning disable children.
2. There will be better development of mental health in boys with non-learning disability than boys with learning disability.
3. Poor mental health will be found in girls with learning disability than girls with non-learning disability

METHODOLOGY

Sample: As the present study aims to find the effect of learning disability on mental health of Boys and Girls so the researcher used Descriptive Survey Research Method. The present study was confined to Aurangabad district, sample chosen from rural and urban area schools. The study was conducted on 60 boys and 60 girls from various co-educational Govt and private schools (CBSC and State board). From this sample 60 were learning disable and 60 were non-learning disable students in the age range between 09to 14 years. They all belong to middle socio-economic strata. The distribution of sample is shown below:

Sample	Learning Disable	Non-Learning Disable	Total
Boys	30	30	60
Girls	30	30	60
Total	60	60	120

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Tools Used for data collection: -Mental Health Inventory (M.H.I)

Mental health amongst the subjects was measured by 'Mental Health Inventory' (M.H.I.) developed by Dr. Jagdish and Dr. Srivastav (1984). This is a standardized tool. The present 'Mental Health Inventory' (M.H.I.) has been designed to measure Mental Health (Positive) of normal individuals. On the basis of various sources, more than 100 items were given to experts/ judges for examining the suitability of each for inclusion in the test. Only those items were retained where the judges were unanimous. On the basis of maximum agreement among the judges, 72 statements were retained. In the present scale, 4 alternative responses have been given to each statement, which are: always, often, and never. 4 scores to always, 3 score too often, 2 to rarely and 1 score to never are assigned for positive statement whereas 1, 2, 3 and 4 score for always, often, rarely and never respectively in case of negative statement. The reliability of the inventory was determined by split-half method using odd-even procedure. The following table gives the reliability coefficient of mental health (overall) which is 0.73 Construct validity is determined by finding coefficient of correlation between mental health inventory and general health questionnaire (Goldberg 1978). It was found to be 0.54

Procedure of Data Collection

The learning-disabled students were diagnosed through a standardized test named, Learning Disability Evaluation Scale by Swrup Mehta. On the basis of scores obtained by the students they were categorized into learning and non-learning-disabled group. The sample selected was in equal proportion of boys and girls.

The data was collected from the respondents on various variables under study. The schools to be visited were decided in the initial sampling. And then a written permission was sought out from the respective principal after discussing the purpose of the present study. Accordingly, a schedule was fixed in each school and the class teachers were approached. The tests were administered in group or individually as per the availability and convenience of the sample. The precautions taken during administration of the tests are as follows:

- 1) Simple and clear instructions printed on the questionnaires were read out and were explained to the subjects.
- 2) The investigator tried to build a rapport with the subjects so that they tested in a relaxed state of mind.
- 3) Care was taken to ensure that no items were omitted by chance or otherwise.
- 4) To control the order effect, order of presentation of questionnaire was varied.

2x2 factorial design used and Variables Under study

Type of Sex B	Type of Learning Disability A	
	Learning Disable A1	Non-Learning Disable A2
Boys B1	Learning Disable/Boys A1B1	Non-Learning Disable/Boys A2B1
Girls B2	Learning Disable/Girls A1B2	Non-Learning Disable/Girls A2B2

Independent variables: -Type of Learning Disability (Learning Disable and Non-Learning Disable) Type of Sex (Boys and Girls) and

Dependent variables: -Mental Health

Controlled variables: -Age of Student (9 year to 14 Years), academic grades, Socio Economic Status and medical status.

STATISTICAL ANALYSIS AND RESULT

In order to obtain empirical verification of the proposed research, raw data was analyzed with the help of following statistical techniques. Descriptive statistics and Two-Way Analysis of Variance are used for data analysis. It is to mention here that all the calculations are done with the help of computer through SPSS (Statistical Package for Social Sciences,).

Table no-1: Two-Way ANOVA for Total Mental Health

Source	Sum of Squares	df	Mean Square	F	Sig.
Learning Disability	93315.603	1	93315.603	189.62	0.01
Sex	752.083	1	752.083	3.716	NS
Learning Disability * Sex	585.203	1	585.203	2.892	NS
Error	59901.147	126	202.369		
Total	154554.037	129			

Above table shows that the F-Ratio for type of Learning Disability (Non-Learning Disability/ Learning Disability) on Total Mental Health is found to be 189.62 which is significant at 0.01 level. It infers that there are significant differences between Total Mental Health of learning disabled and non-learning-Disabled students.

The F-Ratio for type of Sex (Male / Female) on Total Mental Health is found to be 3.716 which is insignificant at 0.05 level. It infers that there are no significant differences between Total Mental Health of male and female students.

The F-Ratio for interaction of Learning Disability (Non-Learning Disability/ Learning Disability) and type of Sex (Male / Female) on Total Mental Health is found to be 2.892 which is insignificant at 0.05 level.

Table no-2: Comparison of Total Mental Health of Non-Learning Disabled/ Learning Disabled both male and female students

Group	N	Mean	SD	t	Significance
Non-Learning-Disabled Students	60	168.36	16.47	13.77	0.01
Learning Disabled Students	60	131.59	12.44		

The above table shows that the mean score of non-learning disabled students on Total Mental Health was found to be 168.36 and the mean score of learning disabled students on Total Mental Health was found to be 131.59. The mean difference was found to be 35.273 and the 't' score was found to be 13.77 which is significant at 0.01 level. It concluded that the development of mental health in Non-Learning-Disabled Students is better than Learning Disabled Students.

These scores infers that there is significant difference between Total Mental Health of non-learning disabled and learning disabled students. Furthermore, it is reflected from the mean scores that the Total Mental Health of non-learning disabled students is significantly better in comparison to Total Mental Health of learning disabled students.

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Table no-3: Comparison of Total Mental Health of Non-Learning Disable Boy and Learning Disable Boy students

Group	N	Mean	SD	t	Significance
Non-Learning Disable Boys	30	82.44	8.25	7.71	0.01
Learning Disabled Boys	30	66.7	6.77		

The above table shows that the mean score of Non-Learning Disable Boy students on Total Mental Health was found to be 82.44 and the mean score of Learning Disable Boy students on Total Mental Health was found to be 66.7. The mean difference was found to be 32.480 and the 't' score was found to be 7.71 which is significant at 0.01 level. This indicates-that there is poor mental health in Learning Disable boys.

It infers that there is significant difference between Total Mental Health of Non-Learning Disable Boy and Learning Disable Boy students. Furthermore, it is reflected from the mean scores that the Total Mental Health of non-learning-disabled boy students is significantly better in comparison to learning disabled boy students.

Table no-4: Comparing Total Mental Health of Non-Learning Disable Girl and Learning Disable Girl students

Group	N	Mean	SD	t	Significance
Non-Learning Disable Girls	30	85.92	8.22	10.46	0.01
Learning Disabled Girls	30	64.89	5.67		

The above table shows that the mean score of Non-Learning Disable Girl students on Total Mental Health was found to be 85.92 and the mean score of Learning Disable Girl students on Total Mental Health was found to be 64.89. The mean difference was found to be 38.067 and the 't' score was found to be 10.46 which is significant at 0.01 level.

It infers that there is significant difference between Total Mental Health of Non-Learning Disable Girl and Learning Disable Girl students. Furthermore, it is reflected from the mean scores that the Total Mental Health of non-learning-disabled girl students is significantly better in comparison to learning disabled girl students.

Justification of Results: Barkauskien & Bieliauskaite (2002) found that children with learning disabilities had significantly more internal (somatic complaints, isolation, anxiety/depression) and external problems (aggression and delinquency) as well as attention and social problems. Study conducted by Handwerk & Marshall (1998) found that the students with SED were rated more impaired than the students with LD on all TRF scales except Attention Problems, and on three of the eight CBCL syndrome scales. The children with LD differed from those with SED mainly in terms of severity of problems, not with respect to type of problem.

Findings from study conducted by Larry & Silver (1981) lend some support to the view that there is a clinical relationship between children who have learning disabilities and children who are hyperactive and/or distractible. Furthermore, such children frequently develop secondary emotional problems. Study of McConaughy, Mattison, & Peterson, (1994) show that children with SED scored significantly higher than children with LD on all but CBCL scale and all TRF scales; both groups scored higher than the control group on the scale. Teacher-reported aggressive behavior was the best predictor of SED versus LD classification. Other significant predictors included attention problems, delinquent behavior,

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social problems, thought problems, and withdrawal. The limited research available suggests that learning disabilities children experience a great deal of social-emotional and behavioral problems in addition to their learning difficulties. A study conducted by McConaughy (1986). Epstein, Cullinan, & Lloyd (1986) The parents of the learning disabilities boys reported that the boys showed fewer social contacts with organizations and friends, less participation in activities, and lower levels of school performance than non-learning-disabled boys. The total number of behavior problems that the parents reported was in the actuarial cutoff range for children that are referred to mental health clinics.

A study conducted by Epstein, Cullinan & Neiminen, (1984) indicated that the same four factors were found with the learning-disabled boys in both studies: Conduct Problem, Anxiety Withdrawal, Attention Deficit, and Social Maladjustment. Teachers rated the learning disabilities boys on the 55 items. In the ratings given by the teachers, hyperactivity and restlessness were associated with other attention items for younger children; while for older learning-disabled boys hyperactivity and restlessness were associated with Conduct Problem. Study conducted by Jennifer & et al (2006) revealed significant associations with anxious/depressed and withdrawn behaviors, as well as an increased likelihood of attention problems among children with LD.

As per data analysis and results, there are significant differences in mental health of learning disabled students, with respect of their sex. Previous studies shown the relationship in mental health and learning disability, here the researcher has highlighted that our society values certain accomplishments, such as achieving high social status, independence, employment, relationships and a family. People with learning disabilities may have difficulty achieving these things, which may affect their self-esteem. People with learning disabilities may feel they are different from other people. Some may have physical disabilities that set them apart from others, or may feel that they are inferior because they are more reliant on the support of others. A poor self-image can be a catalyst for a mental health problem.

Although many people with learning disabilities cope under difficult conditions, some do not have the same capacity to handle their circumstances. Cognitive deficits might make it challenging for people to plan ahead or consider the consequences of their actions. A lowered tolerance of frustration can lead to anger management problems – and thus greater discrimination by other people.

People with learning disabilities will encounter bereavements, but may not receive the needed support to cope with what has happened. They might be excluded from any customs associated with the bereavement, but feelings of sufferings others don't recognize, or have been given no opportunities to discuss these feelings. Sometimes, they may not even be told about what's happened. They may be similarly affected by their experience of other losses – for example, siblings leaving the family home, staff leaving supported housing, or other service-users moving on. People with learning disabilities may have trouble in articulating their inner thoughts and feelings, perhaps because speech and language difficulties prevent them from putting subtle and abstract emotions into words. People with learning disabilities often encounter discrimination by not being given opportunities, so they develop low expectations of themselves. Frequent exposure to failure may lead some people with learning disabilities to develop learned helplessness, which can in turn lead to a lack of motivation and poor goal setting. Social conditioning can lead people with learning disabilities to rely on others for support, which can create over-dependency, a lack of self-determination and poor problem-solving skills.

CONCLUSION

The conclusions obtained from analysis of the results are given as under:

1. Mental health of non-learning-disabled students is significantly better in comparison to Total mental health of learning-disabled students.
2. Mental health of non-learning-disabled boy students is significantly better in comparison to learning disabled boy students.
3. Mental health of non-learning-disabled girl students is significantly better in comparison to learning disabled girl students.

Suggestions for Improving Mental Health

The assessment of capacity should be specific to making a particular decision, and should be made at the time that decision needs to be made. One should not assume that a person who could not make decisions earlier still cannot do so. Sometimes they are able to make decisions and yet at times they have difficulties, the assessment of capacity should be based on whether the person can:

- understand the information relevant to the decision
- retain the information long enough to make the decision
- weigh and balance the information to make a choice
- communicate that choice through whatever means of communication they use (verbal, sign language, written).

Individuals can only be assessed as having or lacking capacity once they have been given the appropriate support and information to help them make the decision. People with learning disabilities might have difficulty understanding information, and should be supported as much as possible in the decision-making process. This involves providing them with all the relevant information in a format they will understand (such as pictures, symbols or audio) and giving them enough time to process and understand the information. Speech and language therapists can advise on how to communicate the information to individuals. Clinical psychologists can assess cognitive functioning (although this is not indicative of a person's capacity), test for suggestibility and assess the individual's knowledge about the decision to be made.

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Conflict of Interest

The author declared no conflict of interest.

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