

CORRESPONDENCE

Stigma faced by the Parents of Children & Adolescents with Intellectual Disability and Mental Illnesses

A 17 year old girl from Pakistani origin, brought up in the UK and is the eldest among the seven siblings (six girls and one brother) and all of them live in a two bedroom house with their parents. She has been known to the CAMHS services since 2008 and has a diagnosis of Moderate learning disability and Schizophrenia. She had two inpatient admissions to an adolescent inpatient unit. Both the parents are supportive towards her but have really struggled to understand her difficulties and have always tried to look for a cure to sort out her problems. They struggle to take on board the behavioural management techniques that are required to help her change some of her behaviours, which then leads to crisis situations. Parents were keen for her to continue in the mainstream school despite of her struggle which resulted in educational failure.

Children and adolescents with learning disability are at significantly increased risk of certain forms of Psychiatric disorder. Increased attention has been paid to identifying and responding to the mental health needs of children and adolescent with learning disability¹⁻⁴. Many families who could benefit from mental health services opt not to pursue them or fail to fully participate once they have begun. One of the reasons for this disconnect is stigma, namely to avoid the label of mental illness and the harm it brings, people decide not to seek or fully participate in care⁵. Given the high level of media and professional discussion about the rise in children's use of psychiatric medication, there is surprisingly lack of empirical evidence about parents' perception of children and adolescent mental health disorders especially those with intellectual disability⁶.

Families supporting children with ID are generally more likely to be subject to social and material disadvantage when compared to families supporting 'typically developing' children⁷⁻⁸. The present data indicate that families supporting children with Learning disability and psychiatric disorders are even more disadvantaged. Careful consideration of the social and economic adversity facing such families will be necessary to ensure that support services are responsive not only to the needs of child, but also to the needs of the family in which they

are living⁹. Establishing parents' views and expectations of child mental health services is as important in developing countries as in Western societies¹⁰. A "help-seeking" model of offering choice from identification to treatment would be useful in any cultural and social context¹¹.

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