

## **GUIDELINES FOR PROFESSIONALS**

The purpose of this screening is to identify learning difficulties and mental health problems among young adults and encourage bringing up issues related to them. Some of the matters covered in this questionnaire might be sensitive to the respondent but it is important to identify these issues. The questionnaire may aid in bringing up the issues into discussion and raise the need for further investigation. The questionnaire may disclose problems in areas that might have gone unrecognised before. In addition to bringing up possible issues, it is important to assess the strengths of the person as well. Responding to the questionnaire will take approximately 5-10 minutes.

The results of this questionnaire are indicative, and no conclusions can be drawn from the results of this questionnaire regarding the presence for cognitive disorder or a mental disorder. In addition to a cognitive disorder or a mental disorder, a high score received in this questionnaire can also be explained by a stressful life situation or study-related stress. The questionnaire cannot exclude the possibility for the respondent having attributes for learning difficulties or mental health problems even if the results would not indicate their presence.

## **INTERPRETATION**

### **QUESTIONS REGARDING LEARNING DIFFICULTIES (1–23)**

The respondent answers either ‘yes’ (1 point) or ‘no’ (0 point) to the learning-related questions (1–23). The maximum score for this section is 23 points. Any replies between ‘yes’ and ‘no’ are interpreted as ‘yes’. An approximate threshold score requiring further assessment is six (6) ‘yes’ answers. Even if the score is lower, the person may have learning difficulties in a specific area, such as mathematics. The score may also be low if the person’s ability to identify his/her difficulties is insufficient. On the other hand, a high score may reflect the individual’s way of responding or mental condition, without the presence of a developmental learning disorder. Sometimes a low mood or anxiety may partly explain the learning difficulties experienced by individuals. This could be inferred if a high score is attained on the mental health section in this questionnaire.

This questionnaire assesses the respondent’s experiences of learning and information processing as follows:

- Questions 1–7: Reading and verbal skills
- Questions 8–14: Attention and executive functioning
- Questions 15–18: Mathematical skills
- Questions 19–23: Visual perception and eye-hand co-operation

Specific learning disabilities can be defined as difficulties faced by the individual in areas that can include their cognitive and academic skills such as reading, writing and mathematics. Learning difficulties can also be the result of attention deficits, language impairment or problems with reasoning skills.

A learning disability is a neurobiological and developmental feature which is not caused by an acquired injury or illness or lack of practice. A learning disability may have a major effect on an individual’s readiness for learning and working life, mental balance, life choices and quality of life. People of all ages will benefit from the identification of learning difficulties as well as need-based guidance, support and rehabilitation.

If a person has experienced learning difficulties, *it is always recommended that they specify these in an interview*. Developmental learning disabilities are evident during childhood. Any difficulties that emerge suddenly, or clearly later than in childhood, are likely to be caused by other factors. It should always be examined whether the respondent's life situation or history includes factors that are likely to explain the difficulties.

If the questionnaire raises suspicion of a learning difficulty, the following questions should be asked before referring the person for further assessment:

- ❖ Did the difficulties begin in childhood?
- ❖ Might the difficulties have been caused by a health problem or injury (neurological or psychiatric illnesses, head injury)?
- ❖ Does the person have sufficient competence in language and basic comprehensive education (for example, clients with an immigrant background)?
- ❖ How did the difficulties become apparent at school and during studies?
- ❖ Were any special arrangements made at school, such as an individualised curriculum, special education or small group education?
- ❖ Have the difficulties been examined before?
- ❖ How are the difficulties reflected in the person's daily life nowadays?
- ❖ What kind of support does the person want?

The respondent's answers to the questionnaire may indicate other problems in learning than developmental learning disabilities. Attention should be paid to whether the respondent feels that they need support when going through the results.

Many people have a sense of relief when their problems are identified as a learning disability. Through this questionnaire, professionals can discuss any problems experienced by the person and together consider what would be the best way for him/her to proceed. Primarily a professional's (e.g. a neuropsychologist, educational psychologist or special education teacher) assessment on learning disability is the prerequisite for support. Students may receive more time to take exams or the opportunity to take them in a separate room or use various types of aids, such as audio books. Due to a learning disability, young persons aged 16 or over may receive neuropsychological rehabilitation through, for example, discretionary rehabilitation provided by Kela. More information on learning difficulties is available on the [Oppimisvaikeus.fi](http://Oppimisvaikeus.fi) website (in Finnish).

## QUESTIONS REGARDING MENTAL HEALTH (24–38)

For the questions regarding mental health problems (24–38), the scale for answering is as follows: 0 (*not at all*) – 3 (*very much*). The maximum score for this section is 45. The higher the score, the more likely it is that the respondent is experiencing or has recently (within the last 30 days) experienced mental strain. Because of factors such as the individual's way of responding or a very specific problem, even a smaller score may indicate problems in mental coping as well as a need for support. Sometimes also a high score may reflect the individual's way of responding. Attention should be paid to any answers at the extreme end of the scale (i.e. the response is 3 = very much). *It is always recommended that the answers should be specified in an interview.*

This questionnaire assesses the respondent's experiences of his/her mood and anxiety as follows:

- Questions 24–29: Depression
- Questions 30–38: Anxiety

This questionnaire may provide indicative information on possible symptoms of anxiety and depression, but the questionnaire cannot be used to assess whether the respondent truly has anxiety or depression. Any points for question 38 indicate obsessive-compulsive symptoms that a person may have, even to a disturbing extent, without experiencing significant anxiety or depression. Points for questions 36 and/or 37 may indicate a specific panic disorder subtype. This questionnaire only evaluates experiences within the last month; any experiences of longer-term symptoms require a more detailed assessment.

Anxiety is a normal part of life. It is often related to a specific situation in life and disappears by itself. However, anxiety may continue for a longer period of time, or anxiety related to specific matters or situations may be so strong that it restricts the individual's functional ability. This means that the person has an anxiety disorder. Anxiety is a common mental health problem: around 10 per cent of people suffer from it at some point in their lives.

In daily conversation, the word "depression" is used both to indicate an emotional state and a mental disorder. Feelings of unhappiness, disappointment, low spirits and sadness that ease relatively quickly form part of normal life and do not require treatment. On the other hand, depression as a mental disorder means a long-term depressed mood which also often involves other symptoms related to thinking, feelings, behaviour and the whole body.

The above-mentioned mental health problems should always be identified and supported by a healthcare professional. Seeking and receiving early treatment accelerates recovery and prevents mental health problems from worsening. Getting the necessary treatment often requires that the person him- or herself takes an active role. This is unfortunate because people who suffer from mental health problems lack the strength that is needed in their daily lives and even taking the small step to begin treatment may feel very difficult. This questionnaire enables professionals to bring up difficult issues into discussion with the respondent and together go through the alternatives for support and treatment.

Mood and anxiety symptoms often arise from a difficult situation in life, either due to an acute crisis or long-term stress. When discussing the questionnaire answers with the respondent, the professional should also ask directly about the respondent's life situation and possible stress factors. Matters that should be covered include:

- daily life and routines, daily rhythm, sleep, nutrition and exercise
- human relations, family and friends
- use of intoxicants
- finances and housing
- existing forms of support and the need for support

It may be difficult to bring up things that can be experienced as difficult or shameful in a conversation. These include issues such as loneliness, bullying, self-destructive thoughts and being a victim of violence. If there are any indications of these during the discussion, the professional should ask directly about them. Low-threshold assistance, support and information is available from organisations such as the [Mielenterveystalo.fi](https://www.mielenterveystalo.fi) website, and by phone from the Finnish Association for Mental Health (Suomen Mielenterveysseura) and Victim Support Finland (Rikosuhripäivystys).

