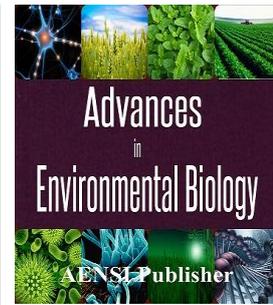




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A Comparative Study of Mental Health and Academic Self-Efficacy of Students with Learning Disabilities Who Referred and Not Referred to LD Centers

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ABSTRACT

This study aimed to compare mental health and academic self-efficacy of students with learning disabilities who referred and did not refer to LD centers. This was a causal-comparative study conducted through participation of 53 students with learning disabilities (26 students who referred to LD centers and 27 students who did not refer to such centers), studying in fourth, fifth and sixth grades of elementary school in Zahedan, district 1 and 2, in the academic year 2013-2014. Data collection tools were GHQ-28 (Goldberg and Hillier, 1979) and Academic Self-Efficacy Questionnaire with 32-items (Owen and Froman, 1988). Reliability of these questionnaires was achieved using Cronbach alpha and the Pearson correlation coefficient which was 0.92 and 0.84, respectively. Data were analyzed using independent t-test. The results showed that there was a significant difference between mental health and academic self-efficacy of students with learning disabilities, such that those who referred to LD centers had higher mental health and academic self-efficacy, compared to the other group. According to these results, it was concluded that referring to LD centers improved learning disabilities symptoms and enhanced mental health and academic self-efficacy of students with learning disabilities.

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INTRODUCTION

Learning is a fundamental process as the result of which an impotent and helpless creature, over time, engages in interacting and physical growth and evolves into a person whom cognitive abilities and power of thought have no boundaries. Wide diversity and extension of human learning period, that is the extent of one's life, make some issues such that some people, due to their huge differences, have difficulty in the normal process of learning and teaching [9]. Meanwhile, there are many children who look normal. Their physical growth, height and weight suggest that they are normal. They have more or less normal intelligence. They talk well, play like other children and communicate with others like their peers. They perform essential self-help acts at home and they handle what their parents ask them to do well and their behaviors are normal; however, they have serious problems when they go to school and want to read, write and calculate. These children gradually find that other children have a better educational status. They experience a feeling of inferiority and little by little aversion to school and learning comes into existence. Their parents, who are often unaware of the reasons of their learning disability, cause more problems and exert pressure on the child, multiplying the difficulty.

Nowadays, children with learning disabilities are the largest group of exceptional children [1]. Therefore, numerous definitions for learning disabilities are presented, among which the most commonly used definition is the one presented by the United States Department of Education noted that learning disability is a disability in one or more of the basic psychological processes involved in understanding and using spoken or written language which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The definition does not include those learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental,

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cultural, or economic disadvantage. Learning disabilities include conditions like cognitive disabilities, brain damage, minor disturbance in brain function, dyslexia, and aphasia.

Learning disabilities can be classified into two main groups: 1) Learning disabilities that the Central Government considered them as basic psychological processes. 2) Academic learning disabilities that occur at elementary school age [11]. Various factors are involved in the incidence of learning disabilities including educational, environmental, psychological and even genetic factors [26]. Students with learning disabilities when they are studying in a class with regular students are more rejected and sequestered, compared to their normal peers. It seems that learning disabilities have lifelong impacts on an individual's life that go beyond reading, writing and doing mathematical calculations and influence other areas such as mental health, interpersonal relationships [25], education, employment and job opportunities and the like.

Learning disabilities do not end to academic failure and waste of funds; however, they are accompanied with blame, being humiliated by other students, development of low self-confidence and loss of self-esteem and they endanger the individual's mental health. These problems find the way to the student's house and anxiety and dissatisfaction spread in any living environment. The upshot is a damage influencing individual, familial and social mental health [9].

Children with these disabilities are more prone to various forms of neurosis, emotional and behavioral disorders and social dysfunction [15]. These disabilities create low social status, bullying and anti-social behaviors [4].

Academic Self-Efficacy:

Academic self-efficacy beliefs express an individual's confidence in his/her own abilities in successful completion of academic assignments in a specific level [3]. Academic self-efficacy is an individual's judgment about his/her ability in organizing and accomplishing designed educational assignments. People with high academic self-efficacy, compared to people with low academic self-efficacy, are more confident that they can handle educational assignments. High levels of academic self-efficacy lead to higher scores and persistence to complete the tasks.

Various studies have been carried out to examine mental health and academic self-efficacy of students with learning disabilities, some of which are mentioned in the present study.

Rezaee and Seinaraghi compared psychological characteristics of third grade elementary students with and without dysgraphia and concluded that there was a significant difference between these two groups in terms of anxiety-depression, social adjustment and attention deficit disorder. However, no significant difference was found between these two groups with regard to aggression and anti-social behaviors. This study showed that students with dysgraphia, compared to their peers, suffered more from depression-anxiety, social dysfunction and attention deficit disorder.

Latifi and Estaki Azad [13] conducted a study to investigate the effectiveness of cognitive restructuring on the level of social, emotional and academic self-efficacy and reading of students with learning disabilities and indicated that training significantly enhanced students' knowledge about learning disabilities and their self-efficacy. Moreover, the results of variance analysis demonstrated that cognitive restructuring could significantly aid students with learning disabilities to increase their general, academic and social self-efficacy.

Baird, Scott, Dearing and Hamill [27] indicated that students with learning disabilities reported lower social and academic self-efficacy, compared to normal students. Other studies demonstrate that children and young adults with learning disabilities have difficulties in interpersonal skills and experience higher levels of social exclusion and loneliness [5].

In their study, Lockaye and Margalit [16] compared social excitements, academic achievement, students' effort and their perception of self among students with and without learning disabilities with various levels of development and indicated that students with learning disabilities had lower levels of academic achievement, effort, academic self-efficacy, positive mood and hope, compared to normal students; however, they experienced higher levels of negative mood and loneliness.

Kaval and Forness [10], in a meta-analysis study carried out to examine difficulties of children with learning disabilities, demonstrated that children with learning disabilities, compared to normal students, experienced more social (low self-esteem and self-efficacy), emotional (depression), and relationship and interpersonal problems (aggression in children and young adults). Due to various life issues and low levels of interpersonal skills, students with learning disabilities do not have a desirable mental health [12]. These students' difficulties do not end to academic failure and waste of funds and facilities; however, their issues are accompanied with blame, being humiliated by other students, low levels of self-confidence and decreased self-esteem, endangering these individuals' mental health [23].

Most of these students experience a condition which threatens their physical and mental health and may interfere with their education and social interactions. They experience a high level of social exclusion; hence, they are more exposed to personal issues and mental distress [5]. Additionally, Heath and Ross [8] indicated that students with learning disabilities reported more emotional issues including anxiety and depression.

Seo and Bryant [24] demonstrated that methods used to decrease difficulties of students with learning disabilities were not highly effective. Moreover, their study was aimed to examine the effect of educational-therapeutic methods on students with specific learning difficulties. Few studies were seamlessly conducted to investigate the effectiveness of common educational-therapeutic methods used for students with specific learning disabilities.

Narimani, Rajabi, Afrouz and Khoshkhou [19] examined the efficacy of LD centers in improving learning disabilities symptoms and identified strengths and weaknesses of these centers in Ardabil province. The obtained results demonstrated that there was significant difference between trained and untrained students with learning disabilities with regard to the ability to read, write, do mathematical calculations, and their GPA. This study showed that holding training classes in these centers for students with learning disabilities could improve their symptoms and develop their educational status. Most of students with learning disabilities cannot achieve educational goals through conventional methods of education. Gradually, they hate school and drop out of the school. Therefore, these children have especial educational needs. One of the centers that provides special trainings is the center for special problems of learning. In this center, educational services on various aspects, visual, auditory, speech and sensorimotor, are provided for students with learning disabilities. Since 1994, Department of Special Education initiated special measures for training and rehabilitating this group of exceptional children. Since then, a large number of diagnosis, training and rehabilitation centers were established in various provinces to aid students with learning disabilities. These centers have administrative regulations adopted by the eighteenth meeting of Department of Special Education[18]. In Zahedan, there are two centers for teaching students with learning disabilities which are providing psychological services, including holding special educational classes, implementing compensatory programs and various training methods such as Kephart's perceptual-motor training, Fernald multisensory approach and the like that are developed to aid students with learning disabilities. Given that students with learning disabilities, as mentioned earlier, have various issues with regard to their mental health and academic self-efficacy, it seems essential to examine provided trainings in these special educational centers for learning disabilities and investigate to what extent these centers aid students with learning disabilities to decrease their difficulties and improve their mental health and academic self-efficacy.

Methods:

The study population included all male and female students, in the academic years 2012-2013 and 2013-2014, whose learning disabilities were diagnosed by a group of experts working at learning disabilities centers through applying the Wechsler Intelligence Scale, deviation from the class mean, learning disabilities checklist (DSM-IV-TR), including having normal IQ, having no physical mobility, visual and auditory problems, and special tests in three main areas of reading, writing and mathematics. The subjects studied in fourth, fifth and sixth grades of elementary school in Zahedan, district 1 and 2, in the academic year 2013-2014. The sample contained 61 students at the end of the academic year 2013-2014. To select the sample, gradual sampling method was used. The sample included two groups of students with learning disabilities who referred and did not refer to LD centers. The number of the group who referred to LD centers reached 26 students by October 22nd. This group received special 1-hour session trainings provided by learning disabilities centers once or twice a week for at least 6 months. However, the other group did not receive such trainings due to distance, parents' reluctance and time of diagnosis. By May 21st, when the diagnostic process in LD centers was continued with regard to referrals from school, the number of students with learning disabilities who referred to LD centers reached 35 individuals. At the end of sampling, 53 individuals participated in the study (8 individuals did not take part).

Materials:

GHQ-28 (Goldberg and Hillier, 1979):

This questionnaire was developed to screen mild psychological disorders and it has four man subscales including somatic symptoms, anxiety and insomnia, social dysfunction and severe depression which are measured by seven questions. Williams Goldberg and Mary analyzed the results of 70 studies conducted to assess the reliability of Mental Health Questionnaire in various parts of the world and reported that its reliability was 0.84. In other studies, coefficient of internal consistency of this questionnaire was calculated using Cronbach's alpha which was ranging from 0.84 to 0.92. To determine the scores of Mental Health Questionnaire, options A, B, C, and D were given 0, 1, 2, and 3, respectively; however, questions 1, 15, 17, 18, 19, 20 and 21 were scored inversely. The maximum score of Mental Health Questionnaire is 84, representing that an individual has the highest level of mental health disorders [17]. In the current study, validity (content and face) of this questionnaire was confirmed by a group of professors of the Department of Psychology and Educational Sciences of University of Sistan and Baluchestan. Moreover, reliability of this questionnaire was calculated, using Cronbach's alpha, which was 0.92.

Academic Self-Efficacy Questionnaire with 32-items (Owen and Froman, 1988):

This questionnaire was designed in 1988 by Owen and Fromen to measure students' academic self-efficacy beliefs. To develop this questionnaire, Owen and Fromen applied the viewpoints of seven educational experts. This scale has 33 items; however, in its Persian version, one of the items related to the laboratory was omitted. This questionnaire uses a 5-point Likert scale assessing students' level of confidence in association with taking notes, asking questions, paying attention to the class, using a computer and the like. In the current study, to enhance subjects' perception of the questionnaire, it was re-written using colloquial language. In this regard, teachers read the questionnaire to the subjects and they responded to each question choosing an option rating from 'lots' to 'too little' which were arranged on a continuum from high to low. The options were scored from 1 (too little) to 5 (lots). To achieve the final score, one should add the scores of all these 32 items. To measure the reliability of this questionnaire, Owen and Fromen conducted a study on 88 students using test-retest method applied within 8 weeks and reported that its reliability was 0.90. In their study, Farzad et al. calculated its Cronbach's alpha coefficient which was 0.91 [14]. In the current study, to calculate this questionnaire's reliability, test-retest method was applied within two weeks. After distributing and collecting the questionnaires, in the first stage, after two weeks, in the second stage, questionnaires were distributed among students. To determine its reliability, the Pearson correlation coefficient was applied. This coefficient was obtained 0.84. Moreover, to evaluate its validity (content and face), the Academic Self-Efficacy Questionnaire was handed over a group of professors of the Department of Psychology and Educational Sciences of University of Sistan and Baluchestan and after applying their instructions, its validity was confirmed.

*Results**First Hypothesis:*

Students with learning disabilities who referred to LD centers have better mental health compared to those who did not refer to these centers.

To answer this hypothesis, independent t-test was used, the results of which is shown in Table 1.

Table 1: Results of independent t-test to determine these two groups' mental health

Variable	Group	N	Mean	SD	T	Df	Sig
Mental Health	Referred	26	69.30	83.11	-31.3	51	0.002
	Not-referred	27	25.42	50.13			

The results demonstrated in the above table indicate that students with learning disabilities who referred to LD centers with mean of 69.30 and standard deviation of 83.11 have lower mental health scores, compare to students with learning disabilities who did not refer to LD centers with mean of 25.42 and standard deviation of 50.13. This means that the first group have better mental health, this is significant with the degrees of freedom of 51 at the confidence level of 0.99 ($p < 0.01$). Hence, the null hypothesis is rejected and the first hypothesis is confirmed. Therefore, there is a significant difference between mental health of students with learning disabilities who referred and did not refer to LD centers. The results show that those who referred to LD centers have better mental health.

Second Hypothesis:

Students with learning disabilities who referred to LD centers have higher academic self-efficacy compared to those who did not refer to these centers.

To answer this hypothesis, independent t-test was used, the results of which is shown in Table 2.

Table 2: Results of independent t-test to determine these two groups' academic self-efficacy

Variable	Group	N	Mean	SD	T	Df	Sig
Academic self-efficacy	Referred	26	53.100	91.33	51.2	51	0.015
	Not-referred	27	29.78	40.30			

The findings presented in the above table indicate that students with learning disabilities who referred to LD centers with mean of 53.100 and standard deviation of 91.33 have higher academic self-efficacy, compare to students with learning disabilities who did not refer to LD centers with mean of 29.78 and standard deviation of 40.30. This is significant with the degrees of freedom of 51 at the confidence level of 0.95 ($p < 0.05$). Hence, the null hypothesis is rejected and the second hypothesis is confirmed. Therefore, there is a significant difference between academic self-efficacy of students with learning disabilities who referred and did not refer to LD centers. The results show that those who referred to LD centers have higher academic self-efficacy.

Discussion and Conclusion:

The present study aimed to compare mental health and academic self-efficacy of students with learning disabilities who referred and did not refer to LD centers. Given that there are not any studies which compare

students with learning disabilities who referred and did not refer to LD, the obtained results were compared with previously conducted studies carried out to compare mental health and academic self-efficacy among students with learning disabilities and normal students and also those studies that were conducted to examine the effectiveness of LD centers.

With regard to mental health, the results indicated that there was a significant difference between these two groups' mental health, i.e. referring to LD centers increased these students' mental health. This finding is in line with the results obtained from other studies including Narimani *et al.* [18], indicating that referring to LD centers for students with learning disabilities improved their symptoms and developed their educational status, and Ladd and Troop-Gordon [12], demonstrating that students with learning disabilities do not have a desirable mental health. Moreover, the results of Rezaee and Seifnaraghi [21], indicating that students with dysgraphia experienced higher anxiety-depression, social adjustment and attention deficit disorder, compared to their peers, Kaval and Forness [10], demonstrating that children with learning disabilities, compared to normal students, experienced more emotional problems, and Heath & Ross [8], showing that students with learning disabilities experienced more emotional issues including anxiety and depression, are all consistent with the results of the current study. However, the results of Seo and Bryant [24], demonstrating that methods used to decrease difficulties of students with learning disabilities were not highly effective, are not in line with the results of the present study.

Due to various life issues and low levels of interpersonal skills, students with learning disabilities do not have a desirable mental health. These students are blamed and humiliated by others. This may decrease their self-concept and self-esteem and threatens their mental health. Most of these students experience a condition which threatens their physical and mental health and may interfere with their education and social interactions. They experience a high level of social exclusion; hence, they are more exposed to personal issues and mental distress [5].

Referring to learning disabilities centers and receiving special trainings and consultations improve students with learning disabilities and aid to them to achieve academic success. Achieving success helps these students to have a favorable impression of self and this self-worth resulted from success and being approved by others aids them to make up the foundation of a healthy identity. In this regard, a sense of satisfaction and abilities to bear failures and respect others are formed. As a result, their self-confidence will enhance and they can handle life issues. This decreases their mental distress and increases their mental health.

Additionally, considering academic self-efficacy, the results indicated that there was a significant difference between these two groups' academic self-efficacy, i.e. referring to LD centers improved academic self-efficacy of students with learning disabilities. This finding is in line with the results obtained from other studies including Narimani *et al.* [19] and Latifi and Estaki Azad [13], indicating that cognitive restructuring could significantly aid students with learning disabilities to increase their academic self-efficacy, Baird, Scott, Dearing and Hamill, demonstrating that students with learning disabilities had lower academic self-efficacy, compared to normal students, and Lockaye and Margalit [16], stressing that students with learning disabilities had lower levels of academic achievement, compared to normal students. However, the results of Seo and Bryant [24], demonstrating that methods used to decrease difficulties of students with learning disabilities were not highly effective, are not in line with the results of the present study.

Students with learning disabilities, due to their consecutive academic failure, are ridiculed by their peers and they experience lower levels of academic self-efficacy. These students, compared to normal students, have lower self-efficacy beliefs. After referring to LD centers and receiving special trainings, students with learning disabilities are able to reduce their academic failures. Moreover, after achieving relative success acquired through special trainings, they conclude that they can handle multiple tasks and academic assignments. In this regard, they do not easily give up when facing with problems and continue their efforts to achieve their desired result. Hence, their academic self-efficacy will increase. Special trainings applied in LD centers to treat learning disabilities, including cognitive restructuring studied by Latifi and Estaki Azad [13], aid students to increase their academic self-efficacy.

Finally, given that various factors are involved in creation and intensification of learning disabilities, it is recommended that in future studies other factors including social skills, social competence and self-esteem be considered to determine whether the trainings provided by learning disabilities centers may improve these variables. Moreover, teachers and school administrators are recommended to timely identify and refer students with learning disabilities to LD centers and aid them to improve learning disabilities symptoms and reduce their related problems.

One of the limitations of the current study was that it was generally considered a range of learning disabilities and did not address a specific learning disability. Moreover, to collect data, a self-report questionnaire was used to answer which biases may be involved.

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