Review of lecturers:
Learning disabilities are frequently associated with psychological problems. Results of the population-based surveys suggest that about 30% of learning disabled children have behavioral and emotional problems. Psychopathology worsens with age in children with nonverbal learning disabilities. Marked anxiety can appear when children with dyscalculia are confronted with reasonably simple arithmetic problems. A study by Ekblad found a positive correlation between psychological disturbance and poor school achievement among Chinese children. Shenoy and Kapur noted that 21 out of 88 children with learning disability had a co-morbid psychological diagnosis. Kishore et al. reported that 21 out of 56 children with specific developmental disorders of scholastic skills had a co-morbid psychological disorder.

John found that one-third of scholastically backward children had a co-morbid psychological problem. Of these, 16% had disorder of emotion, 6% had conduct disorder (CD) and 12% had mixed disorders of emotion and conduct. In a retrospective study at child and adolescent unit at National Institute of Mental Health and Neurosciences, Bengaluru; Muthukumar et al. found that 79% of children with learning disabilities had comorbid psychological disorders, in which 32% had internalizing disorders, 28% had externalizing disorders and 19% had other disorders. In a study by Bäcker and Neuhäuser. on 77 children with dyslexia, psychological co-morbidity was found in 66.2%. Of these, the most frequent was adjustment disorders, followed by hyperkinetic disorders and anxiety. Willcutt and Pennington from the University of Colorado reported that children and adolescents with reading disability exhibited significantly higher rates of all internalizing and externalizing disorders than individuals without reading disabilities.

Learning disability:
“Learning disability” means a disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, speak, read, write, spell, or to do mathematical calculations.

Learning disabilities differ in severity and in one or more of the following areas:

- 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)

In medical science few disorders are specifically identified:

- Specific Reading Disorder - Dyslexia
- Specific Spelling Disorder – Dysgraphia
- Disorders of Arithmetical Skills – Dyscalculia

In India there are around 10% children who suffer from any of the learning disability. How these learning disabilities among children effects level of anxiety and depression this study was taken in hand.

Before moving ahead it would be appropriate to understand both anxiety and depression logically & precisely.

Anxiety:
Anxiety is a normal human emotion that everyone experiences at times. Many people feel anxious, or nervous, when faced with a problem at work, before taking a test, or making an important decision. Anxiety disorders, however, are different. They can cause such a high distress that a person can’t lead a normal life.

An anxiety disorder is a serious mental illness. For people with anxiety disorders, worry and fear are constant and overwhelming, and can be crippling.

Experiencing occasional anxiety is a normal but people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations.

Depression:
When one can’t bear normal ups and downs of life and mostly remain sad he is called depressed. Emptiness and despair take hold of life and don’t go away in depression. Depression makes it tough to function and enjoy life.

Depression is much more than just sadness or disappointment. Some people describe depression as living in a black hole. Some depressed people feel lifeless, empty, and apathetic, or may even feel angry, aggressive, and restless. The feelings of hopelessness, hopelessness, and worthlessness are intense and unrelenting.
Sample:
30 LD children and 30 able/normal children between age group of 12-15 years of Ahmedabad City were selected for the study.

Hypothesis:
H1 There is no significant difference in level of anxiety between able/normal children and LD children.

H2 There is no significant difference in level of depression between able/normal children and LD children.

Research Findings:
1. Anxiety level among able or normal children was low. As revealed by the table-1; 66.67% able children were normal at anxiety level while just 6.67% LD children were normal at anxiety level.

80% LD children were having mild to moderate anxiety. 3.33% able children were having severe anxiety while 13.33% LD children were having severe anxiety.

Table – 1
Anxiety level among Able children & Learning Disabled Children

<table>
<thead>
<tr>
<th>Hamilton Anxiety score &amp; level of depression</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17: Normal</td>
<td>Able 20</td>
</tr>
<tr>
<td>18-24: Mild Anxiety</td>
<td>LD 2</td>
</tr>
<tr>
<td>25-29: Moderate anxiety</td>
<td>Able 4</td>
</tr>
<tr>
<td>30 + : Severe anxiety</td>
<td>LD 1</td>
</tr>
</tbody>
</table>

Chart – 1
Comparative Anxiety level among Able children & Learning Disabled Children

2. Depression level among able or normal children was low. As revealed by the table-1; 60% able children were not having any depression while 0% LD children were like that at depression level.

66.67% LD children were having moderately severe depression while just 6.67% able children were having moderately severe depression.

13.33% LD children were having severe depression while just 0% able children were having severe depression.

Table – 3
Depression level among Able children & Learning Disabled Children

<table>
<thead>
<tr>
<th>PHQ-9 score &amp; level of depression</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4 None</td>
<td>Able 18</td>
</tr>
<tr>
<td>5-9 Mild</td>
<td>LD 5</td>
</tr>
<tr>
<td>10-14 Moderate</td>
<td>Able 3</td>
</tr>
<tr>
<td>15-19 Moderately Severe</td>
<td>LD 6</td>
</tr>
<tr>
<td>20-27 Severe</td>
<td>Able 2</td>
</tr>
<tr>
<td></td>
<td>LD 20</td>
</tr>
</tbody>
</table>

Chart – 2
Comparative Depression level among Able children & Learning Disabled Children

Table – 4
Z test of Depression level among Able children & Learning Disabled Children

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Able</th>
<th>LD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.6</td>
<td>17.433</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>4.23125</td>
<td>3.57851</td>
</tr>
<tr>
<td>Z test P Value</td>
<td>1.02846E-16</td>
<td></td>
</tr>
</tbody>
</table>

P value 1.02846E-16 is very lower than .05 which also indicates that there is significant difference in level of depression between able/normal children and LD children.
Hence second hypothesis, there is no significant difference in level of depression between able/normal children and LD children, is absolutely rejected.

Conclusion:
1. Anxiety level among LD children is very high as compared to the able/normal children.
2. Depression level among LD children is very high as compared to the able/normal children.

Recommendations:
1. Undue pressure should not be exerted on these children else they will be mentally ill.
2. Extra & specific care, treatment and attention should be given to LD children.