Upotreba upitnika YP-CORE u procjeni mentalnog zdravlja djece s intelektualnim teškoćama

/ Use of YP-CORE Questionnaire in the Assessment of Mental Health of Children with Intellectual Difficulties

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Kod djece i mladih s intelektualnim teškoćama u prvom je redu karakteristična snižena razina intelektualnog, a potom i emocionalnog i socijalnog funkcioniranja. Takve osobe zaostaju u usvajanju akademskih znanja, učenju i usvajanju socijalnih vještina. Poznavajući aspekte funkcioniranja djece i mladih s intelektualnim teškoćama moguće je predvidjeti faktore rizika za razvoj teškoća ponašanja te narušavanje mentalnog zdravlja. Međutim, teško je utvrditi razinu ili barem postojanje mentalnih teškoća zbog nepostojanja standardiziranih testova za procjenu mentalnog zdravlja kod djece i mladih s intelektualnim teškoćama, iako stručnjaci koji rade s takvim osobama upozoravaju na njihovo često narušeno mentalno zdravlje. Cilj istraživanja bio je utvrditi primjenjivost YP-CORE upitnika za procjenu psihičke uznemirenosti kod djece i mladih s intelektualnim teškoćama. Ispitivanje je provedeno s učenicima Centra za odgoj i obrazovanje Rijeka, na uzorku 59 djece i mladih dobi od 7 do 21 godine. Dobiveni rezultati sukladni su prethodnim istraživanjima koja su pokazala kako 30 % djece i mladih s intelektualnim teškoćama imaju izražene psihičke teškoće. Iako naši rezultati odgovaraju onima dobivenim u drugim istraživanjima, postoje teškoće u primjeni upitnika, prije svega kod osoba s umjerenim intelektualnim teškoćama. No, rezultati su ohrabrujući u smislu valjanosti, koju svakako treba provjeriti u budućim istraživanjima.

/ Children and young people with intellectual disabilities are primarily characterized by a reduced level of intellectual as well as emotional and social functioning. Persons with intellectual disabilities lag behind in the acquisition of academic knowledge, learning and the acquisition of social skills. Knowing the aspects of cognitive functioning of children with intellectual disabilities, it is possible to predict risk factors for the development of behavioural difficulties and mental health disorders. However, it is difficult to determine the level or, at least, the presence of mental disabilities due to the lack of standardized tests to assess mental health in children and young people with intellectual disabilities. Experts who work with persons with intellectual disabilities warn of their often impaired mental health. The aim of the research was to determine the applicability of the YP-CORE questionnaire for assessing psychological distress in children and young people with intellectual disabilities. The survey was conducted with students of the Centre for Education and Teaching in Rijeka on a sample of 59 children and young people aged 7 to 21 years. The obtained results are in line with previous research indicating that 30% of children and young people with intellectual disabilities have severe mental disabilities. Although our results correspond to those obtained in other studies, there are difficulties in applying the questionnaire, especially in people with moderate intellectual disabilities. However, the results are encouraging in terms of validity, which should be the subject of further research in the future.

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KLJUČNE RIJEČI / *KEY WORDS*:
Intelektualne teškoće / *Intellectual Disturbances*
Faktori rizika za mentalno zdravlje / *Risk factors for Mental Health*
Upitnik YP-CORE / *YP-CORE Questionnaire*
Teškoće primjene / *Application Difficulties*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2021.113

UVOD

Intelektualne teškoće (IT) određuju se kao značajno ograničenje u ukupnom životu pojedinca karakterizirano bitnim ispodprosječnim intelektualnim funkcioniranjem koje je istodobno popraćeno smanjenom razinom u dvije ili više adaptivnih vještina. Kao stanje utvrđuje se prije 18. godine života (1).

Ispodprosječno intelektualno funkcioniranje podrazumijeva teškoće u „rasuđivanju, rješavanju problema, planiranju, apstraktnom razmišljanju, prosuđivanju, akademskom učenju i učenju iz iskustva“ – potvrđeno kliničkom procjenom i individualiziranim standardnim IQ testiranjem, koje značajno ograničava funkcioniranje djeteta (2). Adaptivne vještine uključuju konceptualne vještine, socijalne vještine i praktične vještine s cijelim nizom područja djelovanja i funkcioniranja, a koja su u određenom omjeru teškoće za dijete (3).

Kognitivno funkcioniranju djece s intelektualnim teškoćama uključuje usporeno i otežano učenje, iskustvena znanja su oskudna, teže se uspostavljaju uzročno-posljedične veze, stečena znanja se teže stavljaju u funkciju. Osim teškoća usvajanja akademskih znanja djeca s intelektualnom teškoćom zaostaju u učenju i usvajanju socijalnih vještina.

Ne tako davno, smatralo se da djeca i osobe s intelektualnim teškoćama ne mogu imati probleme psihičkog zdravlja, odnosno smatralo se

INTRODUCTION

Intellectual disability (ID) is defined as a significant limitation in the overall life of an individual characterised by significant below-average intellectual functioning that is simultaneously accompanied by a reduced level of two or more adaptive skills. The condition is determined before the age of 18 (1).

Below-average intellectual functioning involves difficulties in “reasoning, problem-solving, planning, abstract thinking, judgment, academic and experiential learning” - confirmed by clinical assessment and individualised standard IQ testing, which significantly limits a child’s functioning (2). Adaptive skills include conceptual, social, and practical skills with a range of areas of action and functioning that are to some extent difficult for the child (3).

The cognitive functioning of children with intellectual disabilities includes slow and difficult learning, experiential knowledge is scarce, cause-and-effect relationships are more difficult to establish, and acquired knowledge is more difficult to put into function. In addition to difficulties in acquiring academic knowledge, children with intellectual disabilities lag behind in learning and acquiring social skills.

Not so long ago, it was believed that children and people with intellectual disabilities could not have mental health problems, or it was believed that intellectual disabilities alone carried

da intelektualne teškoće već same po sebi sa sobom nose psihičke poremećaje. Zbog ove predrasude, psihičke smetnje ovih osoba se često zanemaruju ili se pogrešno pripisuju primarnoj intelektualnoj teškoći, što rezultira nepotrebnom patnjom koja se može ublažiti adekvatnim pristupom i podrškom (4).

Poznavajući zakonitosti razvoja i kognitivnog funkcioniranja djece s intelektualnim teškoćama moguće je predvidjeti faktore rizika za razvoj teškoća ponašanja te narušavanje psihičkog zdravlja. Suvremeni pristupi uzrocima psihičkih poremećaja/bolesti apostrofiraju važnost međuodnosa bioloških, socijalnih i psiholoških čimbenika objedinjenih u tzv. biopsihosocijalnom modelu (5). Pojava poremećaja objašnjava se modelom dijateza-stres, odnosno poremećaj nastaje zbog (i) biološke i/ili psihološke ranjivosti (npr. genetika, temperament, osobine ličnosti) i okolinskih i/ili psihosocijalnih stresora (npr. bolest, siromaštvo, zlostavljanje, trauma, nedostatak podrške, roditeljski stil) koji u kombinaciji nadmašuju adaptivni odgovor pojedinca. Čimbenici rizika u socijalnim odnosima su brojni, jer je često takvo dijete živjelo u tugaljivom i rezigniranom obiteljskom okruženju, često je bilo izolirano i zanemareno u školskom okruženju i društvu. Djeca s intelektualnim teškoćama zaostaju u usvajanju socijalnih vještina, otežano se prilagođavaju, otežano uspostavljaju komunikacije zbog čega su često izolirani i odbačeni. Značajno je zaostajanje u emocionalnom sazrijevanju zbog kojeg dolazi do neadekvatnog izražavanja emocija s obzirom na kronološku dob. Emocionalno su vrlo osjetljiva skupina jer su često zanemareni od prijateljskog okruženja, odbačeni, a često i zlostavljani.

Mentalno ili emocionalno zdravlje definirano je prema Svjetskoj zdravstvenoj organizaciji (SZO) kao stanje dobrobiti u kojem pojedinac ostvaruje svoje potencijale, može se nositi s normalnim životnim stresom, može raditi produktivno i plodno te je sposoban pridoalong mental disorders. Because of this prejudice, mental disorders of these individuals were often neglected or mistakenly attributed to primary intellectual disability, resulting in unnecessary suffering that could be alleviated by adequate approach and support (4).

Knowing the laws of development and cognitive functioning of children with intellectual disabilities, it is possible to predict risk factors for the development of behavioural difficulties and mental health disorders. Modern approaches to the causes of mental disorders/diseases emphasize the importance of the relationship between biological, social, and psychological factors subsumed under the so-called biopsychosocial model (5). The occurrence of the disorder is explained by the diathesis-stress model, i.e., the disorder occurs due to (i) biological and/or psychological vulnerability (e.g., genetics, temperament, personality traits) and (ii) environmental and/or psychosocial stressors (e.g., illness, poverty, abuse, trauma, lack of support, parenting style), which in combination overweigh the adaptive response of the individual. Risk factors in social relationships are numerous, as often such a child lived in a mournful and resigned family environment, and was often isolated and neglected in the school environment and society. Children with intellectual disabilities lag behind in the acquisition of social skills, find it difficult to adapt, and have difficulty establishing communication, which is why they are often isolated and rejected. There is a significant lag in emotional maturation which leads to inadequate expression of emotions with respect to chronological age. They are an emotionally very sensitive group because they are often neglected by a friendly environment, rejected, and often abused.

Mental or emotional health is defined by the World Health Organization (WHO) as a state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully and

nositi zajednici, Psihičko zdravlje dio je općeg zdravlja i temeljni je uvjet za kvalitetan život (6).

U kliničkoj psihologiji dugo je prevladavao bipolarni model odnosa psihičkog zdravlja i psihičkih poremećaja (7). Bipolarni model podrazumijeva da psihičko zdravlje i psihičke bolesti odražavaju suprotne krajeve istog kontinuuma i kretanje u jednom smjeru podrazumijeva odmicanje od drugog kraja te se tako zdravlje i bolest isključuju (8). Ovaj model iznimno je utjecajan sve do današnjih dana, iako je od početka bio izložen brojnim kritikama. Klinička psihologija i psihijatrija svoje su istraživačke i kliničke snage usmjerile isključivo smanjenju psihičkih tegoba jer je to, u kontekstu ovog modela, značilo ojačavati psihičko zdravlje. Ovaj model počiva na nekoliko pretpostavki koje su se pokazale netočnima i štetnima. Prva pretpostavka jest da je većina ljudi psihički zdrava, a samo manji broj psihički bolestan, te je važno utvrditi kriterije na temelju kojih se osobe mogu svrstati u skupinu zdravih ili bolesnih. Međutim, kako ne postoji jasna granica između zdravlja i bolesti, ona se morala odrediti arbitrarno ovisno o situaciji i socijalnom kontekstu, što odmah dovodi u pitanje valjanost i pouzdanost tako određene distinkcije. Arbitrarnost kriterija očituje se u stalnim promjenama dijagnostičkih klasifikacija i novim izdanjima dijagnostičkih priručnika.

Iz pretpostavke da postoje psihički „zdravi“ i „bolesni“ pojedinci, proizlazi i posebno poguban fenomen stigmatizacije zbog kojeg društvo odbacuje pojedince koji su označeni kao psihički bolesni. Druga pogrešna pretpostavka koja proizlazi iz bipolarnog modela jest da je pripadnost kategoriji zdravlja ili bolesti trajna, te da je ljudima koji pripadaju kategoriji „bolesti“, a pogotovo ako se radi o intelektualnim teškoćama, bezizgledna. No, zadnjih je desetljeća sve više primjenjiv tzv. *dualni model*, koji predlažu razni autori (slika 1). Psihičko zdravlje i psihički poremećaji/bolesti smatraju se povezanim,

is able to make a contribution to his or her community. Mental health is part of general health and is a precondition for a quality life (6).

The bipolar model of the relationship between mental health and mental disorders has long prevailed in clinical psychology (7). The bipolar model implies that mental health and mental illness reflect opposite ends of the same continuum and moving in one direction implies moving away from the other end, thus health and illness excluding one another (8). This model has been extremely influential to this day, although it has been the subject of much criticism from the beginning. Clinical psychology and psychiatry have focused their research and clinical efforts exclusively on reducing mental health problems because, in the context of this model, this has meant strengthening mental health. This model is based on several assumptions that have proven to be inaccurate and harmful. The first assumption is that most people are mentally healthy, and only a small number are mentally ill, and it is important to determine the criteria on the basis of which persons can be classified as healthy or ill. However, as there is no clear line between health and illness, this had to be determined arbitrarily depending on the situation and social context, which immediately calls into question the validity and reliability of such a distinction. The arbitrariness of the criteria is reflected in the constant changes in diagnostic classifications and new editions of diagnostic manuals.

The assumption that there are mentally “healthy” and “ill” individuals results in a particularly devastating phenomenon of stigmatization due to which society rejects individuals who are labelled as mentally ill. Another misconception arising from the bipolar model is that belonging to the category of health or illness is permanent, and that people belonging to the category of “illness”, especially if it is an intellectual disability, are in a hopeless situation. However, in recent decades, the so-called

ali različitim konstruktima, pri čemu pojedinci mogu doživjeti visoku razinu zdravlja, čak i uz dijagnozu psihičke bolesti.

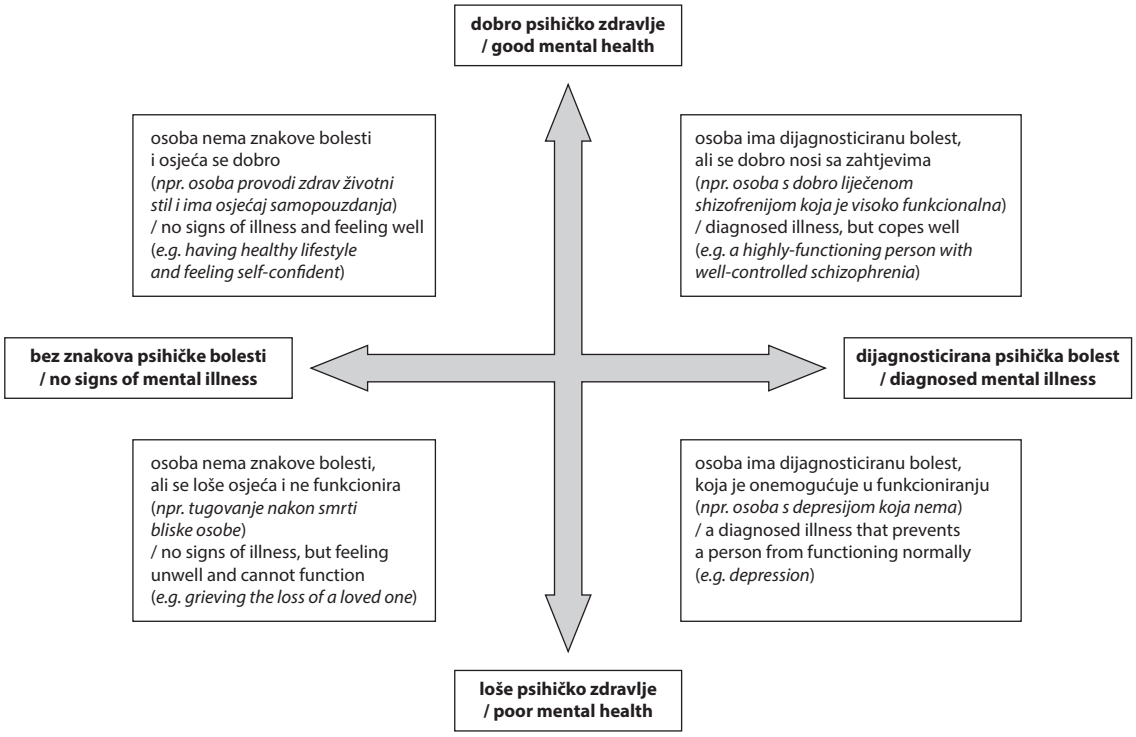
Promjena paradigme u pristupu psihičkom zdravlju i bolesti je iznimno važna u kontekstu rada s osobama s intelektualnim teškoćama. Naime, prema dualnom modelu svaki pojedinac ima kapacitet za razvoj osobnih potencijala, ali i rizike za razvoj poremećaja.

Djeca s intelektualnim teškoćama više i češće pate i obolijevaju od psihičkih poremećaja od svojih vršnjaka. Psihopatološke smetnje značajnije su izražene kod djece s umjerenom nego s lakom intelektualnom teškoćom i to zbog izraženijih smetnji adaptivnog ponašanja, zbog jezičnih i komunikacijskih barijera, teškoća socijalizacije, a rizik raste s niskim socioekonomskim statusom obitelji. Obiteljske karakteristike mogu uvelike doprinijeti razvoju psihičkih smetnji kod djece s IT-om. Poremećaji psihičkog zdravlja postaju veći i dublji što je dijete starije i dugotrajnije izloženo neadekvatnom pristupu od okoline (9).

dual model, proposed by various authors has been increasingly applicable (Figure 1). Mental health and mental disorders/illnesses are considered to be related but different constructs, with individuals being able to experience high levels of health, even with a diagnosis of mental illness.

A paradigm shift in the approach to mental health and illness is extremely important in the context of working with people with intellectual disabilities. Specifically, according to the dual model, each individual has the capacity to develop personal potentials, but also the risks to develop disorders.

Children with intellectual disabilities suffer more and more often from mental disorders than their peers. Psychopathological disorders are more pronounced in children with moderate than mild intellectual disabilities due to more pronounced adaptive behavioural disorders, language and communication barriers, socialisation difficulties, and the risk increases with low socioeconomic status of the family.



SLIKA 1. Dualni model psihičkog zdravlja i bolesti
FIGURE 1. Dual model of mental health and illness

Prema brojnim epidemiološkim ispitivanjima u mnogim zemljama, 30 do 50 % osoba s intelektualnom teškoćom pokazuju probleme ponašanja i pate od psihičkih poremećaja (10). Najčešći problem ponašanja je agresivnost (u oko 10 % osoba s IT-om), a od psihičkih poremećaja prednjači depresivnost (u 15 do 20 % osoba s IT-om).

Sagledavanje razvojne, funkcijske i adaptivne problematike osnovno je za razumijevanje patogeneze i aktualnog psihopatološkog stanja pacijenta. Tretman mora biti integrativan i posebno uzimati u obzir osnovne emocionalne potrebe, adaptacijske mogućnosti osobe i uvjete okoline (10). Unaprjeđenje psihičkog zdravlja osoba s intelektualnim teškoćama temelji se na izradi individualiziranog, sveobuhvatnog plana tretmana i pripadajuće podrške (engl. *Comprehensive Individualized Treatment and Related Support Plan,* CITSP), koji u sebi sadrži sve potrebne biološke, medicinske, psihosocijalne i razvojne postupke i pristupe potrebne za određenu vrstu i težinu problema ponašanja ili psihičkih poremećaja. Takav je individualizirani plan temeljen na individualnoj procjeni i integrativnoj dijagnostici koja je dio navedenih smjernica (11).

Kod djece s IT-om postoje teškoće dijagnosticiranja poremećaja mentalnog zdravlja. Klasifikacijski sustavi za psihičke bolesti kao što su DSM-IV i MKB-10 nisu upotrebljivi za klasifikaciju bolesti za teže i teške IT-e. Kod umjerenih IT-a ti su sustavi djelomično upotrebljivi, a kod lake IT-e najčešće su upotrebljivi (13). Poremećaji mentalnog zdravlja mogu jako smetati funkcioniranju djeteta s IT-om, njihovim obiteljima i osobama koje s njima rade. Teško je iz komunikacije s djetetom s IT-om utvrditi što ga smeta, ograničava i destabilizira. Stoga, brojni autori ističu kako je u dijagnostici potreban holistički, multidisciplinarni pristup uz uvažavanje mišljenja stručnjaka i važnih sudionika u životu djece.

Primjena standardnih dijagnostičkih kriterija kod djece s intelektualnim teškoćama otežava-

Family characteristics can greatly contribute to the development of mental disorders in children with ID. Mental health disorders become greater and deeper as the child gets older and is longer exposed to inadequate approach from the environment (9).

According to numerous epidemiological studies in many countries, 30 to 50% of people with intellectual disabilities show behavioural problems and suffer from mental disorders (10). The most common behavioural problem is aggression (in about 10% of people with ID), and depression is predominant among mental disorders (in 15 to 20% of people with ID).

Understanding the developmental, functional and adaptive issues is essential for understanding the pathogenesis and current psychopathological condition of the patient. Treatment must be integrative and take into account in particular the basic emotional needs, the adaptive capacity of the person and the environmental conditions (10). Improving the mental health of people with intellectual disabilities is dependent on the development of a Comprehensive Individualised Treatment and Related Support (CITSP), which contains all the necessary biological, medical, psychosocial and developmental procedures and approaches required for a particular type and severity of behavioural problems or mental disorders. Such an individualised plan is based on individual assessment and integrative diagnostics, which is part of the above guidelines (11).

There are difficulties when it comes to diagnosing mental health disorders in children with ID. Classification systems for mental illnesses such as DSM-IV and ICD-10 are not usable for the classification of illnesses in severe and very severe ID cases. In moderate ID, these systems are partially usable, and in light ID they are most often usable (13). Mental health disorders can severely interfere with the functioning of a child with ID, their families and the people who work with them. It is difficult to

na je zbog ograničene kognicije, nedovoljne razvijenosti govora, nemogućnosti uspostave komunikacije, prisutnosti raznih senzornih teškoća itd. Osobe s intelektualnim teškoćama često imaju poteškoće s izražavanjem svojih misli, osjećaja i problema, što otežava utvrđivanje njihovih zdravstvenih problema. Ovaj se problem mora uzeti u obzir tijekom procjene osoba koja nužno mora uključivati multidisciplinarni tim (14). Mjerni instrument koji bi omogućio brzu, ali valjanu i pouzdanu procjenu psihičkih tegoba bio bi od iznimne koristi u provjeri psihičkog stanja osoba s intelektualnim teškoćama.

Primjena standardiziranih upitnika u procjeni psihičkih smetnji osoba s intelektualnim teškoćama je tek u začetcima. Jedan od potencijalno zanimljivih i korisnih instrumenata je iz obitelji instrumenata za ispitivanje općih psihopatoloških teškoća CORE. CORE je kratica za kliničke ishode rutinskih evaluacija (*Clinical Outcomes in Routine Evaluation; https://www.coresystemtrust.org.uk/)*, a sustav CORE sadrži psihodijagnostičke alate za praćenje promjena i ishoda u psihoterapijskoj, savjetovališnoj i drugoj kliničkoj praksi koji pokušava promovirati psihološki oporavak, zdravlje i dobrobit. Kod nas je u standardnoj uporabi Upitnik za utvrđivanje općih psihopatoloških teškoća (*Clinical Outcomes in Routine Evaluation – Outcome Measure,* CORE-OM) (15) koji je mjera psihološke uznemirenosti koja nije fokusirana na utvrđivanje konkretnog problema, ali obuhvaća najvažnije aspekte mentalnog zdravlja. Upitnik je pokazao odlične psihometrijske karakteristike, te je validiran u našim uvjetima (16). Osim toga, u praksi je odnedavno i inačica za djecu i mlade, YP-CORE (*Young Persons CORE*) (17). Radi se o prilagođenoj inačici upitnika za ispitivanje općih psihopatoloških teškoća. Upitnik YP-CORE je namijenjen upotrebi kod djece od 11 do 16 godina. Struktura je slična strukturi CORE-OM, ali su čestice prilagođene dobi cilj-

determine from communication with a child with ID what bothers, limits and destabilizes him or her. Therefore, many authors point out that a holistic, multidisciplinary approach is needed in diagnostics, taking into account the opinions of experts and important participants in children's lives.

The application of standard diagnostic criteria in children with intellectual disabilities is difficult due to limited cognition, insufficient speech development, inability to establish communication, the presence of various sensory difficulties, etc. People with intellectual disabilities often have difficulty expressing their thoughts, feelings, and problems, which hampers the establishment of their health problems. This problem must be taken into account during the assessment of persons, which must necessarily involve a multidisciplinary team (14). A measuring instrument that would enable a quick but valid and reliable assessment of mental disorders would be extremely useful in examining the mental state of people with intellectual disabilities.

The application of standardised questionnaires in the assessment of mental disorders of people with intellectual disabilities is still in its infancy. One of the potentially interesting and useful instruments comes from the CORE family of instruments for examining general psychopathological difficulties. CORE stands for Clinical Outcomes in Routine Evaluation (https://www.coresystemtrust.org.uk/), and CORE contains psychodiagnostic tools to monitor changes and outcomes in psychotherapeutic, counselling and other clinical practice that attempts to promote psychological recovery, health and well-being. We use the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) questionnaire (15) as a standard measure of psychological distress that is not focused on identifying a specific problem but covers the most important aspects of mental health. The questionnaire showed ex-

ne skupine te se ispituju emocionalna stanja, razina funkcioniranja i rizik od autogresivnog ponašanja. Na dobru pouzdanost ukazuju koeficijenti pouzdanosti (Cronbach alfa) *r*=0,82 (18). U hrvatskim istraživanjima pouzdanost izražena Cronbach alfa koeficijentom iznosila je .85 i .86 (19,20).

CILJ ISTRAŽIVANJA

Cilj ovog rada je provjeriti primjenjivost Upitnika za ispitivanje općih psihopatoloških teškoća za mlade (*Clinical Outcomes in Routine Evaluation – Young Person,* YP-CORE) na uzorku mladih osoba s intelektualnim teškoćama. Upitnik je konstruiran kao panteorijska i pandijagnostička mjera opće psihološke uznemirenosti i priprema se njegova rutinska upotreba u hrvatskom javnom zdravstvu za probir mladih s psihičkim teškoćama koje zahtijevaju daljnju obradu (21)

U ovoj ranoj fazi pripreme YP-CORE-a za primjenu na hrvatskoj populaciji mladih osoba činilo nam se vrijednim provjeriti i njegovu upotrebljivost u procjeni psihičkih teškoća kod mladih s IT-om, uz modificiranu primjenu u kojoj bi odrasla osoba pomagala u ispunjavanju upitnika. Prema našim spoznajama u Hrvatskoj nema psihodijagnostičkog instrumenta za utvrđivanje psihičke uznemirenosti, koji je u redovitoj upotrebi u radu s osobama s IT-om, te provjera primjenjivosti upitnika YP-CORE ima i spoznajno i praktično značenje.

METODE ISTRAŽIVANJA

Sudionici

U istraživanju je ukupno sudjelovalo 59 djece i adolescenata dobi od 7 do 21 godine. Uzorak se sastojao od 38 dječaka i mladića (64,4 %). Prosječna dob uzorka iznosi *M*=13,5 godina (*SD*=3.59), a čine ga djeca i adolescenti koji su

cellent psychometric characteristics and was validated in our conditions (16). In addition, a version for children and young people, YP-CORE (Young Persons CORE), has recently also become standard practice (17). This is a customised version of the questionnaire for testing general psychopathological difficulties. The YP-CORE questionnaire is intended for use in children aged 11 to 16 years. The structure is similar to that of CORE-OM, but the items are age-appropriate and target emotional states, levels of functioning, and risk of auto aggressive behaviour. Good reliability is indicated by reliability coefficients (Cronbach's alpha) *r*=0.82 (18). In Croatian studies, the reliability expressed by the Cronbach's alpha coefficient was .85 and .86 (19, 20).

RESEARCH AIM

The aim of this paper was to test the applicability of the Clinical Outcomes in Routine Evaluation for Young People (YP-CORE) questionnaire on a sample of young people with intellectual disabilities. The questionnaire was constructed as a pantheoretical and pandiagnostic measure of general psychological distress. Its routine application in Croatian public health is being prepared for screening young people with mental disabilities that require further examination (21).

At this early stage of preparation of YP-CORE for use in the Croatian population of young people, we thought it worthwhile to check its usefulness in assessing psychological difficulties in young people with ID, with a modified application in which an adult would help complete the questionnaire. According to our knowledge, there is no psychodiagnostic instrument for determining mental distress in Croatia, which is in regular use in working with people with ID, and checking the applicability of the YP-CORE questionnaire has both cognitive and practical significance.

pristupili psihodijagnostičkoj obradi u Centru za odgoj i obrazovanje Rijeka. S obzirom na dijagnozu uzorak je činilo 78 % djece i mladih s lakim i 22 % s umjerenim intelektualnim teškoćama.

Mjerni instrument

YP-CORE je instrument namijenjen mjerenju psihičke uznemirenosti kod djece i mladih. Sastoji se od 10 čestica kojima se ispituje anksioznost (npr., 2 čestice), depresija (2 čestice), trauma (1 čestica), fizičke poteškoće (1 čestica), funkcioniranje (3 čestice) i rizik od autoagresivnog ponašanja (1 čestica).

Na čestice se odgovara označavanjem odgovora na ljestvici s 5 ponuđenih odgovora (0 – nikad, 1 – vrlo rijetko, 2 – ponekad, 3 – često, 4 – gotovo uvijek). Sudionici daju odgovor retrospektivno, za razdoblje od proteklih tjedan dana. Svakom odgovoru se pridaju odgovarajući bodovi (0-4), a 3 čestice se obrnuto boduju. Ukupan rezultat može se dobiti zbrajanjem svih bodova ili zbrajanjem svih bodova i dijeljenjem s 10. Veći rezultat znači da je sudionik izvijestio o više problema i emocionalnih teškoća te da se osjeća više uznemireno.

POSTUPAK

Ukupan broj učenika u Centru za odgoj i obrazovanje Rijeka u 2019/2020. godini je 153, u osnovnoj i srednjoj školi. U Centru se školuju učenici s lakom i umjerenom intelektualnom teškoćom do dobi od 21. godine prema Posebnom programu uz individualizirane postupke i Posebnom programu za stjecanje kompetencija u aktivnostima svakodnevnog života uz individualizirane postupke. U istraživanju je sudjelovalo 59 (38,5 %) učenika CZOO Rijeka. Prije samog ispitivanja dano je tumačenje i zatražen je pismeni pristanak roditelja. Istraživanje je bilo provedeno u skladu s Etičkim kodeksom istraživanja s djecom (22).

RESEARCH METHODS

Participants

A total of 59 children and adolescents aged 7 to 21 participated in the study. The sample comprised 38 boys and young men (64.4%). The average age of the sample was M = 13.5 years (SD = 3.59), and it consisted of children and adolescents who underwent psychodiagnostic treatment at the Center for Education and Teaching in Rijeka. Taking into account the diagnosis, the sample consisted of 78% of children and adolescents with mild and 22% with moderate intellectual disabilities.

Measuring instrument

The YP-CORE is an instrument designed to measure psychological distress in children and young people. It consists of 10 items that test for anxiety (e.g., 2 items), depression (2 items), trauma (1 item), physical difficulties (1 item), functioning (3 items) and the risk of autoaggressive behaviour (1 item).

The items are answered by marking the answers on a scale with 5 answers (0 - never, 1 - very rarely, 2 - sometimes, 3 - often, 4 - almost always). Participants respond retrospectively providing answers for the period over the past week. Each answer is given the appropriate score (0-4) and 3 items are scored in reverse. The total score can be obtained by adding all the points or by adding all the points and dividing the result by 10. A higher score means that the participant reported more problems and emotional difficulties and felt more disturbed.

Procedure

In the 2019-20 school year, the total number of students at the Centre for Education and Teaching in Rijeka in primary and secondary education was 153. The Centre educates students with mild and moderate intellectual disabilities up to the age of 21 who follow the Spe-

Učenici koji nisu pristupili testiranju, nisu to učinili iz tri razloga. Neki roditelji nisu dali pristanak te učenici nisu obuhvaćeni ispitivanjem. Nekolicina učenika nije željela pristupiti ispitivanju. S velikom većinom učenika nije bilo moguće ispuniti upitnik, jer su imali većih teškoća u razumijevanju, komunikaciji i ponašanju.

Učitelji su dobili pismenu uputu kako bi trebali provoditi ispitivanje. S obzirom da upitnik YP-CORE zahtijeva samostalno ispunjavanje, a velika većina učenika s intelektualnim teškoćama nije to u mogućnosti učiniti, pismena uputa trebala je osigurati što veću vjerodostojnost. Učiteljima je dana uputa da s učenikom prođu kroz pitanja na upitniku, provjere razumijevanje pitanja i odgovora, te ako je to nužno ponude predloške slikovnih odgovora ('smajlića') na ponuđena pitanja (slika 2). Stoga se rezultati YP-CORE u većini ispitanika, odnose na učenike s lakim intelektualnim teškoćama. Ako sudionik nikako nije mogao odgovoriti na pitanje, dana je uputa da se preskoči odgovor.

REZULTATI ISTRAŽIVANJA

U tablici 1 prikazani SU rezultati deskriptivne statistike, te usporedbi s obzirom na rod, dob i stupanj intelektualnih teškoća. Pouzdanost upitnika se pokazala zadovoljavajućom, Cronbach alfa za čitavu ljestvicu iznosi ,86, a u rodnim i dobnim skupinama, te kategorije IT-a kreću se od ,79-,87.

Nema statistički značajne razlike u ukupnom rezultatu s obzirom na rod, dob i IT status.

Na grafičkom prikazu 1. nalazi se distribucija ukupnih rezultata na YP-CORE iz koje je vidljivo da su rezultati normalno raspoređeni, što

SLIKA 2. Slikovni odgovori
FIGURE 2. Pictorial answers

cial programme with individualized procedures and the Special programme for the acquisition of competencies in everyday activities with individualized procedures. The survey comprised 59 (38.5%) students of the Centre for Education and Teaching in Rijeka. Before testing, the questionnaire was explained to the participants and a written consent from the parents was requested. The survey was conducted in accordance with the Code of Ethics for Research with Children (22).

Some students were not tested due to three reasons. Some parents did not give their consent and students were not included in the survey. Several students did not want to be tested. With a vast majority of students, it was not possible to conduct testing as they had considerable difficulties with understanding, communicating and behaving.

Teachers were given written instructions on how to conduct the test. Having in mind that the YP-CORE questionnaire requires individual response, and that the majority of students with intellectual disabilities were unable to provide answers individually, the aim of written instructions was to ensure as much accuracy as possible. Teachers were instructed to explain the questions on the questionnaire to the student, check their understanding of the questions and answers, and, if necessary, to provide templates of pictorial answers (smiley faces) to the questions (Figure 2). Therefore, the results of the YP-CORE in most respondents were obtained from the students with mild intellectual disabilities. If the participant was not able to answer the question at all, instructions were given to skip the answer.

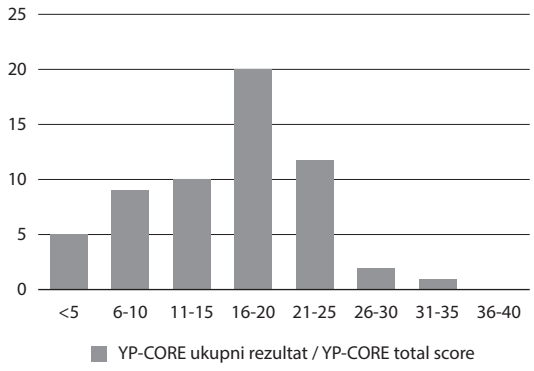
RESEARCH RESULTS

Table 1 shows the results of descriptive statistics and comparisons with regard to gender, age and degree of intellectual disabilities.

TABLICA 1. Prikaz rezultata deskriptivne statistike YP-CORE s obzirom na rod, dob i stupanj intelektualne teškoće sudionika te vrijednosti t-testa.
TABLE 1. Presentation of YP-CORE descriptive statistics results with respect to gender, age and degree of intellectual disability and t-test values.

		N	Alpha	M	SD	Raspon rezultata / Result range	t (p)
Rod / Gender	Muški / Male	38	0,86	15,5	7,61	1 – 33	0,243 (0,809)
	Ženski / Female	21	0,79	15,9	5,22	2 – 24	
Dob / Age	7-12	29	0,86	14,7	8,89	1 – 33	1,41 (0,162)
	13-21	29	0,87	16,9	6,92	1 – 33	
Stupanj intelektualne teškoće / Degree of intellectual difficulty	Lake / Low	46	0,87	15,5	7,01	1 – 33	0,288 (0,755)
	Umjerene / Moderate	13	0,82	16,1	6,88	2 – 24	
Ukupno / In total		59	0,86	15,6	6,96	1 – 33	

Legenda: N – broj sudionika; Alfa – vrijednost Cronbach alfa; M – aritmetička sredina; SD – standardna devijacija; t (p) – vrijednost t-testa i pripadajuća vjerojatnost slučajnog rezultata. Teorijski raspon rezultata je 1-40, a u ovoj skupini sudionika je pokriven raspon od 1 do 33.
/ Legend: N - number of participants; Alpha - Cronbach's alpha value; M - arithmetic mean; SD - standard deviation; t (p) - value of the t-test and the corresponding probability of a random result. The theoretical range of results is 1-40. This group of participants covered the range from 1 to 33.



GRAFIČKI PRIKAZ 1. Distribucija ukupnih rezultata na YP-CORE (N=59)
GRAPH 1. Distribution of total results on YP-CORE (N = 59)

pokazuju i koeficijenti asimetrije -.221 i spljoštenosti -.11.

U tablici 2.prikazana JE frekvencija pojedinog odgovora za svaku česticu upitnika. Na čestici 4 (*Padalo mi je na pamet da si naudim*) čak 8 (14 %) sudionika nije dalo odgovor, što vjerojatno ukazuje da im ta čestica nije razumljiva. Na česticu 5 (*Osjećao sam da imam koga pitati za pomoć)* nije odgovorilo 4 sudionika (7 %). Na ostalim česticama nedostaje samo pokoji odgovor.

U daljnjim analizama su podatci koji nedostaju zamijenjeni prosječnim rezultatom za svakog sudionika. Provedena je eksploratorna faktorska analiza s metodom zajedničkih komponenata. Jednim faktorom objašnjeno je 46,8 %

The reliability of the questionnaire proved to be satisfactory, Cronbach's alpha for the whole scale was .86. In the categories of gender and age, the results range from .79- to .87.

There is no statistically significant difference in the overall score with respect to gender, age, and ID status.

Graph 1 shows the distribution of total results on the YP-CORE indicating a normal distribution of results, as shown by the coefficients of asymmetry -.221 and flatness -.11.

Table 2 shows the frequency of each answer for each item of the questionnaire. Item 4 (*It occurred to me to hurt myself*) as many as 8 (14%) participants did not give an answer, which probably indicates that this item was not sufficiently understandable. Item 5 (*I felt I had someone to ask for help*) was not answered by 4 participants (7%). Only a few answers were missing for other items.

In further analyses, the missing data were replaced by the average score for each participant. An exploratory factor analysis was performed using the common components method. 46.8% of the variance was explained by a single factor, and according to the scree plot and the conducted parallel analysis, the

TABLICA 2. Prikaz frekvencija pojedinih odgovora na česticama YP-CORE (N=59)
TABLE 2. Display of frequencies of individual responses on YP-CORE particles (N = 59)

Čestica / Item	0 (%)	1 (%)	2 (%)	3 (%)	4 (%)	Nedostaje (%) / Missing (%)
1. Bio sam živčan ili nervozan. / I was nervous or nervous or anxious.	6 (10,2)	8 (13,6)	23 (39,0)	17 (28,8)	4 (6,8)	1 (1,7)
2. Osjećao sam da mi nije do razgovora. / I felt I didn't want to talk.	11 (18,6)	10 (16,9)	17 (28,8)	15 (25,4)	3 (5,1)	3 (5,1)
3. Mogao sam se nositi s problemima. / I could handle the problems.	4 (6,8)	10 (16,9)	24 (40,7)	16 (27,1)	3 (5,1)	2 (3,4)
4. Padalo mi je na pamet da si naudim. / It occurred to me to hurt myself.	35 (59,3)	6 (10,2)	6 (10,2)	4 (6,8)	0 (0,0)	8 (13,6)
5. Osjećao sam da imam koga pitati za pomoć. / I felt I had someone to ask for help.	19 (32,2)	21 (35,6)	6 (10,2)	3 (5,1)	6 (10,2)	4 (6,8)
6. Moje misli i osjećaji su me uznemiravali. / My thoughts and feelings disturbed me.	13 (22,0)	7 (11,9)	15 (25,4)	18 (30,5)	3 (5,1)	3 (5,1)
7. Osjećao sam se bespomoćno u vezi sa svojim problemima. / I felt helpless about my problems.	16 (27,1)	10 (16,9)	19 (32,2)	9 (15,3)	3 (5,1)	2 (3,4)
8. Imao sam problema sa spavanjem. / I had trouble sleeping.	20 (33,9)	11 (18,6)	17 (28,8)	7 (11,9)	2 (3,4)	2 (3,4)
9. Bio sam tužan ili nesretan. / I was sad or unhappy.	8 (13,6)	7 (11,9)	28 (47,5)	13 (22,0)	2 (3,4)	1 (1,7)
10. Napravio sam sve što sam želio. / I did everything I wanted.	15 (25,4)	14 (23,7)	23 (39,0)	2 (3,4)	2 (3,4)	3 (5,1)

Legenda: 1 – vrlo rijetko, 2 – ponekad, 3 – često, 4 – gotovo uvijek
/ Legend: 1 - very rarely, 2 - sometimes, 3 - often, 4 - almost always

TABLICA 3. Prikaz aritmetičkih sredina, standardnih devijacija i saturacije faktorom dobivene eksploratornom faktorskom analizom.
TABLE 3. Representation of arithmetic means, standard deviations and factor saturation obtained by exploratory factor analysis.

Čestica / Item	M (SD)	Λ
Bio sam živčan ili nervozan. / I was nervous or anxious.	1,9 (1,01)	0,674
Osjećao sam da mi nije do razgovora. / I felt I didn't want to talk.	1,8 (1,17)	0,738
Mogao sam se nositi s problemima. / I could handle the problems.	2,1 (.96)	0,494
Padalo mi je na pamet da si naudim. / It occurred to me to hurt myself.	0,6 (.91)	0,592
Osjećao sam da imam koga pitati za pomoć. / I felt I had someone to ask for help.	1,2 (1,24)	0,538
Moje misli i osjećaji su me uznemiravali. / My thoughts and feelings disturbed me.	1,8 (1,23)	0,864
Osjećao sam se bespomoćno u vezi sa svojim problemima. / I felt helpless about my problems.	1,5 (1,19)	0,733
Imao sam problema sa spavanjem. / I had trouble sleeping.	1,3 (1,16)	0,658
Bio sam tužan ili nesretan. / I was sad or unhappy.	1,9 (1,01)	0,700
Napravio sam sve što sam želio. / I did everything I wanted.	1,3 (1,00)	0,277

varijance, prema *scree plotu* i provedenoj paralelnoj analizi preporuča se ekstrakcija jednog faktora. Najviše saturacije se nalaze u česticama 1, 2, 6, 7, 8 i 9. Čestica 10 ima saturaciju manju od ,3, dok su čestice 3, 4 i 5 saturirane oko ,5.

extraction of one factor is recommended. The highest saturations were found in items 1, 2, 6, 7, 8 and 9. Item 10 had a saturation less than .3, while items 3, 4 and 5 were saturated around ,5.

RASPRAVA

Cilj ovog istraživanja bio je provjeriti primjenjivost upitnika YP-CORE za procjenu psihičke uznemirenosti kod djece i mladih s intelektualnim teškoćama. Prilagodba primjene upitnika je uključivala asistenciju učitelja koji su dobro poznavali djecu i mlade sudionike istraživanja. Ako sudionik nije dobro razumio odgovor, učitelj je ponudio slikovne odgovore (prikaze različitih izraza lica). Ako prema procjeni učitelja sudionik nije dobro razumio pitanje, učitelj je sam donosio procjenu na temelju opaženog ponašanja. Ako nije to mogao učiniti, tada nije odgovorio na pitanje. U tako prilagođenim uvjetima, pouzdanost upitnika je visoka (Cronbach alfa=,86), upitnik pokazuje jednofaktorsku strukturu, a distribucija je normalna, uz prosječnu vrijednost od 15,6 (SD=6,93)

Ako rezultate usporedimo s rezultatima dobivenim na hrvatskom srednjoškolskom uzorku adolescentica (19) možemo zaključiti o sličnosti što se tiče faktorske strukture, pouzdanosti instrumenta i izraženosti emocionalnih smetnji. Prosječna izraženost smetnji je daleko viša nego u originalnom istraživanju (17). Čak 15 (25 %) djece i mladih u našem istraživanju pokazuje rezultat ≥20, što je znatno više u usporedbi s nedavno provedenim istraživanjem na uzorku hrvatskih učenika prvog razreda srednje škole (23). Dobiveni rezultati sukladni su prethodnim istraživanjima koja nalaze 30 % djece i mladih s IT-om kod kojih se mogu pronaći izražene psihičke teškoće (24).

Usporedba rezultata prema rodu, dobi i intelektualnom statusu sudionika pokazala je da nema statistički značajnih razlika u izraženosti emocionalnih teškoća. Nedavno objavljena meta-analiza kojom je obuhvaćeno 19 istraživanja s preko 6000 djece i mladih s IT-om u dobi od 6 do 21 godine također nije pokazala razlike s obzirom na intelektualni status sudionika (25).

Sudionici u našem istraživanju postizali su u prosjeku najviše rezultate na česticama *Bio sam*

DISCUSSION

The aim of this study was to test the applicability of the YP-CORE questionnaire for assessing mental distress in children and young people with intellectual disabilities. Adaptation of the application of the questionnaire included the assistance of teachers who knew children and young participants well. If the participant did not understand the answer well, the teacher offered pictorial answers (depictions of different facial expressions). If, according to the teacher's assessment, the participant did not understand the question well, the teacher made his/her own assessment based on the observed behaviour. If he or she was not able to do that, then he or she did not answer the question. Under such adapted conditions, the reliability of the questionnaire was high (Cronbach alpha =.86), the questionnaire showed a one-factor structure, and the distribution was normal, with an average value of 15.6 (SD = 6.93)

If we compare the results with the results obtained on a Croatian high school sample of adolescent girls (19), we can conclude that there are similarities in terms of the factor structure, reliability of the instrument, and the severity of emotional distress. The average severity of distress is far higher than in the original study (17). As many as 15 (25%) children and young people in our study showed a score of ≥20, which is significantly more than the recent survey on a sample of Croatian first grade high school students (23). The obtained results are in line with previous research, which found 30% of children and young people with ID in whom severe psychological difficulties could be found (24).

A comparison of the results according to the gender, age and intellectual status of the participants showed that there were no statistically significant differences in the expression of emotional distress. A recently published meta-analysis covering 19 studies with over 6,000 children and young people with ID aged 6-21 years also showed no differences with regard to the intellectual status of the participants (25).

živčan ili nervozan i *Bio sam tužan ili nesretan*. Najrjeđa smetnja koju je zabilježena jest *Padalo mi je napamet da si naudim*, iako treba spomenuti da čak 14 % sudionika nije dalo odgovor niti su učitelji mogli procjenjivati koji bi odgovor najbolje opisao učenikovo stanje, te nisu mogli odgovorit na ovo pitanje. Na česticu *Osjećao sam da imam koga pitati za pomoć* nije odgovorilo 6 % sudionika. U budućim istraživanjima svakako treba razmotriti razumljivost ovih dviju čestica te njihovu prikladnost pri primjeni kod mladih s intelektualnom teškoćom. Iako naši rezultati odgovaraju onima dobivenim u drugim istraživanjima, pregled faktorske strukture, te broja neodgovorenih čestica ukazuje na moguće teškoće u primjeni upitnika, prije svega kod osoba s umjerenim intelektualnim teškoćama. No, rezultati su ohrabrujući u smislu valjanosti koju svakako treba provjeriti u budućim istraživanjima.

Ovo istraživanje ima niz ograničenja koja onemogućuju generalizaciju podataka i izvođenje sigurnijih zaključaka. Prije svega, provedeno je na prigodnom i relativno malom uzorku sudionika iz samo jednog centra za odgoj i obrazovanje. U skladu s etičkim načelima istraživanje je provedeno samo na djeci čiji su roditelji dali pristanak za sudjelovanje, a poznato je da su time obuhvaćena djeca čije su obiteljske prilike bolje nego one djece čiji roditelji nisu dali pristanak.

Sljedeće ograničenje proizlazi iz načina prikupljanja podataka koje je nužno uključivalo odrasle osobe, te pomoć pri ispunjavanju. Iako ovaj način nije idealan, za njega smo se odlučili kako bismo procijenili primjenjivost ovog upitnika i razumijevanje čestica. U obitelji instrumenata postoji inačica za osobe s IT CORE-OM (*Clinical Outcomes in Routine Evaluation – Outcome Measure, Learning Disability version*) i koja je razvijena u suradnji s osobama iz Velike Britanije koje imaju intelektualne teškoće i uključuju slikovni prikaz odgovora. Autori koji su provjeravanjem primjenjivosti ovog instrumenta zaklju-

The participants in our study achieved on average the highest scores on the items *I was nervous or irritated* and *I was sad or unhappy*. The rarest disorder noted was *It occurred to me to hurt myself*, although it should be mentioned that as many as 14% of participants did not give an answer and teachers could not assess which answer would best describe the student's condition and therefore could not answer this question. 6% of participants did not answer to the item *I felt I had someone to ask for help*. In future research, the comprehensibility of these two items and their suitability for use in young people with intellectual disabilities should certainly be considered. Although our results correspond to those obtained in other studies, a review of the factor structure and number of unanswered items indicates possible difficulties in applying the questionnaire, especially in people with moderate intellectual disabilities. Nevertheless, the results are encouraging in terms of validity that should definitely be examined in future research.

This research has a number of limitations that make it impossible to generalise data and draw more solid conclusions. First of all, it was conducted on a convenient and relatively small sample of participants from only one center for education. In accordance with ethical principles, the research was conducted only on children whose parents gave their consent to participate, and it is well known that this includes children whose family circumstances are better than those of children whose parents did not give their consent.

The next limitation stems from the way data were collected, which necessarily involved adults, and compilation assistance. Although this method was not ideal, we opted for it to assess the applicability of this questionnaire and the understanding of its items. In the family of instruments, there is a version for people with ID, CORE-OM (Clinical Outcomes in Routine Evaluation - Outcome Measure, Learning Disability version), which was developed in col-

čili su da su potrebna daljnja istraživanja kako bi se provjerile metrijske karakteristike (26)

Naši nalazi imaju implikacije na kliničku praksu i istraživanje. Narušeno mentalno zdravlje koje se očituje prije svega emocionalnim teškoćama svakako narušava dobrobit oko trećine djece i adolescenata s IT, a posredno i njihovim obiteljima. Pravovremeno prepoznavanje smetnji i pružanje točne kliničke dijagnoze i adekvatne skrbi pridonijelo bi kvaliteti života ovih osoba i njihove socijalne okoline, te stvorilo uvjete za uspješniju inkluziju (27).

Nekoliko je implikacija za buduća istraživanja. Svakako su nužne daljnje provjere psihometrijskih svojstava upitnika na drugim skupinama, te provjera slikovnih varijanti odgovora. Nužna je provjera i test-retest tipa pouzdanosti instrumenta, te njegove valjanosti. Dobiveni rezultati su ohrabrujući za daljnja istraživanja koja će polučiti standardizaciju upitnika za ranu dijagnostiku psihičkih teškoća djece i mladih s IT-om.

ZAKLJUČAK

Djeca i mladi s intelektualnim teškoćama, evidentno, imaju emocionalne teškoće kao i probleme mentalnog zdravlja. Za očekivati je da će se problemi mentalnog zdravlja s godinama povećavati, ako se ne intervenira u smislu prevencije i pomoći.

Pokušali smo ustanoviti primjenjivost upitnika YP-CORE na populaciji učenika s intelektualnim teškoćama, kao i pokušati detektirati djecu koja imaju teškoće mentalnog zdravlja. Važno je napomenuti da djeca i mladi s većim (umjerenim i težim) intelektualnim teškoćama nisu ni pristupili ispitivanju zbog nemogućnosti provedbe, iako su vrlo uočljivi njihovi manifesti ponašanja koji bi upućivali na moguće teškoće kao i na poremećaje mentalnog zdravlja.

Zanimljivo je konstatirati kako su i druga istraživanja primjene instrumenta YP-CORE na dje-

laboration with people from the UK who have intellectual disabilities and includes a pictorial display of the answers. The authors who tested the applicability of this instrument concluded that further research was needed to verify the metric characteristics (26).

Our findings have implications for clinical practice and research. Impaired mental health, which is manifested primarily by emotional difficulties, certainly impairs the well-being of about a third of children and adolescents with ID, and indirectly their families. Timely identification of disorders and the provision of accurate clinical diagnosis and adequate care would contribute to the quality of life of these individuals and their social environment and create the conditions for more successful inclusion (27).

There are several implications for future research. Further checks of the psychometric properties of the questionnaires in other groups, as well as checks of the pictorial variants of the answers, are certainly necessary. It is necessary to check and test-retest the type of reliability of the instrument, and its validity. The obtained results are encouraging for further research that will result in the standardisation of the questionnaire for early diagnosis of psychological difficulties of children and young people with ID.

CONCLUSION

Children and young people with intellectual disabilities obviously have emotional difficulties as well as mental health problems. Mental health problems are to be expected to increase with age if intervention is not provided in the form of prevention and support.

We tried to establish the applicability of the YP-CORE questionnaire to the population of students with intellectual disabilities, as well as in detecting children with mental health difficulties. It is important to note that children

ci i mladima s intelektualnim teškoćama ukazala na iste teškoće u primjeni koje smo opisali kao i jednak postotak populacije (30 %) djece koja imaju probleme mentalnog zdravlja.

Stručnjaci, najčešće edukacijski rehabilitatori, koji rade s učenicima s intelektualnim teškoćama uočavaju brojne teškoće i poremećaje mentalnog zdravlja. Često se traži psihijatrijska pomoć koja je uglavnom usmjerena na primjenu medikamenata. Za dublje razumijevanje nastanka i procesa razvoja mentalnih problema kao i pronalaženje konkretnih terapijskih rješenja za ovu populaciju, bilo bi odlično djelovati i razmišljati o specijalizaciji stručnjaka psihijatara.

Zato postoji nužnost preventivnog djelovanja kako bi se pomoglo djeci, obiteljima i društvu u cjelini. Postavlja se pitanje što učiniti da bi se prevenirali poremećaji mentalnog zdravlja kod djece i mladih s intelektualnim teškoćama?!

Na razini djeteta i mladih trebalo jačati emocionalne veze i stabilnost, jačati osjećaj prihvaćenosti, organizirati život s dnevnom rutinom, pred dijete staviti obveze i odgovornost, slati jasne i nedvosmislene poruke koje ga mogu zbuniti, osigurati uspjeh i doživljaj napretka djeteta, organizirati slobodno vrijeme itd.

Na razini društva potrebno je jačati obiteljsku strukturu (socijalno, ekonomski...), osigurati povezanost obitelji sa zajednicom i pružanje stručne potpore obiteljima koje imaju dijete s IT.

and young people with major (moderate and severe) intellectual disabilities did not even take the test due to inability to implement it, although their behavioural manifestations that would indicate possible difficulties as well as mental health disorders were very noticeable.

It is interesting to note that other studies of the application of the YP-CORE instrument on children and young people with intellectual disabilities indicated the same difficulties in application that we described, as well as the same percentage of the child population (30%) with mental health problems.

Professionals, most often educational rehabilitators, who work with students with intellectual disabilities notice a number of difficulties and mental health disorders. Psychiatric help is often sought, which is mainly focused on the use of medication. For a deeper understanding of the origin and process of development of mental problems as well as finding concrete therapeutic solutions for this population, it would be worthwhile to act and think about the specialisation of psychiatric professionals.

Therefore, there is a need for preventive action to help children, families and society as a whole. The question is what to do to prevent mental health disorders in children and young people with intellectual disabilities?!

At the level of the child and young people, emotional ties and stability, as well as a sense of acceptance should be strengthened, life should be organised with daily routine, obligations and responsibilities should be set before the child, clear and unambiguous messages should be sent, the child's success and the experience of making progress should be ensured, free time should be organised, etc.

At the level of society, it is necessary to strengthen the family structure (socially, economically ...), ensure the connection of families with the community and provide professional support to families who have a child with ID.

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