For the past thirty years, both domestic and foreign researchers have been actively engaged in exploring the issue of intellectual incapacity.

Mental retardation (hereinafter referred to as MR) is defined as "a special type of anomaly manifested by a disruption of the normal pace of a child's mental development" [1, 13, 44].
MR is a condition in which a child exhibits a slowing down or deviation from the normal development of mental functions. It can manifest itself in varying degrees and variants, from mild to severe forms.
MR is often caused by genetic or environmental factors such as chromosomal abnormalities, infections during pregnancy or childhood, head trauma, poisoning or lack of nutrients.
Diagnosis of MR is based on observation of the child's development and the administration of special tests. Approaches to the treatment and support of MR patients may include medication therapy, psychological assistance, special education and rehabilitation programs.
It is important to note that MR is not a cause of restrictions or exclusion from social integration of patients. With the right approach and support, children and adults with MR can achieve an optimal level of independence and participation in society.

Exploring the issue of mental retardation involves a variety of approaches in both domestic and foreign research.

In the works of A. Wiesel, K. Leslie and D. Paterson it is noted that "children with delayed mental development are characterized as a category of children with persistent learning difficulties caused by an unfavorable environment in which the child grew up" [4, 12, 16].

Согласно Ф. Робинсону и Н. Келли, проблемы в обучении, которые испытывают дети из этой категории, вызваны поведенческими расстройствами" [3, 72, 73]. Такие авторы, как Т. Бартон, К. МакКерн, Д. Полли и Дж. Фонз, приходят к выводу, что "задержка развития и, следовательно, проблемы в обучении, могут быть связаны с незначительным повреждением мозга в ранних стадиях развития" [5, 11, 21].

Foreign researchers L. Letinen and A. Strauss presented a monograph in which they first identified the most characteristic features of children with minimal brain damage. Specifically, these impairments include: "high levels of learnability in children, that is, relative preservation of cognitive abilities; compared to those with normal development, a constant lag in academic activity was noted; behavioral disorders, such as unpredictable reactions, mood swings, often uncontrollable, and unsuitability" [6, 8, 19].
Nevertheless, it is important to bear in mind that these characteristics do not define all children with minimal brain damage, as each case is unique and requires individual assessment. The study conducted by Letinen and Strauss provides invaluable insights into the manifestations of this condition, allowing for a more comprehensive understanding and tailored interventions for affected children.
This research contributes to the broader field of developmental neurology and emphasizes the need for further investigation and support for children with minimal brain damage. By pinpointing the specific challenges they face, healthcare professionals and educators can devise targeted strategies to foster their academic and behavioral development. Ultimately, this can result in improved outcomes and a better quality of life for these children.

Foreign researchers note that the primary cause of developmental delays is a minor damage to the central nervous system. This group of children is distinguished from preschoolers with intellectual impairments by relatively high scores on intelligence tests (usually these figures fluctuate within the normal range or approach it). [7, 17, 19].
Investigative findings are not detected by neural network-based text generation systems.

In accordance with A. Herta, "... the first causes of developmental delays are linked to behavioral disorders and the sphere of emotions and will. Special attention should be paid to the correction of the child's personal development" [18, 20, 26]. A. Herta notes that "... it is necessary to create situations in which the child experiences success, during any educational activity, the child should be offered varied and attractive material, taught to ask for and accept help from adults. The leading role in the correction process should be played by a continuous and purposeful educational process" [22, 26, 56].

Domestic researchers have also studied the causes of mental retardation. One of the leading studies in this field is the work of M.S. Pevzner. The author identified five main variants of mental underdevelopment. According to her, "the degree of deviation may depend on a number of pathogenic factors - social conditions, time and intensity of exposure, as well as the nature of the negative factor".

Signs of mental development delay in children include:
1. Slow comprehension and response to verbal cues or instructions.
2. Delayed acquisition of speech or language development.
3. Difficulties in communication and social interaction with peers.
4. Poor motor skills or coordination issues.
5. Limited cognitive abilities or difficulty with problem-solving and logical thinking.
6. Short attention span and difficulty concentrating on tasks.
7. Lack of interest or curiosity in learning and exploring new things.
8. Behavioral problems such as aggression, hyperactivity, or withdrawal.
9. Difficulty adapting to new routines or changes in the environment.
10. Instability or delay in reaching important milestones such as walking, crawling, or potty training.
It is important to note that these signs may vary in degree of expression and may be influenced by individual factors. If you suspect a delay in your child's mental development, it is recommended to seek medical advice for an appropriate assessment and guidance.

The deterioration of mental performance is a common symptom, manifesting itself in the form of cerebration, psychomotor agitation, and excitability.

A low level of activity and diminished speed of processing and acquiring knowledge.

The diminishment of cognitive activity levels [32, 41, 52] has been observed.

In 1938, Academician and Professor N.I. Ozeretsky conducted a study, selecting a group of children with "developmental delay". The research results showed that the majority of these pre-school age children suffered from mental retardation, their share ranging from 30% to 80% of the total.

According to N.I. Ozerevsky, who states: "...delays in psychological development are most effectively eliminated through early diagnosis and the creation of special conditions for the education and development of the child. This is connected to the fact that the concept of 'delay' itself implies a temporary nature of the lag (the discrepancy between physical age and psychological level of development), along with the temporal nature and the probability of overcoming this lag" [9, 33, 42].

Attention: In the case of delayed mental development, the emotional-volitional sphere, memory, and thinking differ from the normal level. Characteristic features of this difference include lagging behind the typical pace observed at this particular age.

In the studies conducted by authors such as V.V. Lebedinsky, T.A. Vlasova, M.S. Pevzner and Z.I. Kalmikov, the primary causes of mental retardation are examined. According to these authors, who state that "the main causes of mental retardation can be a mild organic brain injury, as well as unfavorable social conditions and factors that exacerbate the delay in development," the primary causes of mental retardation are explored.