



Mental Health - Who are the children? What are their needs?

Professor Barry Carpenter OBE, writes about a recent government report which outlines the needs in schools within mental health.

In the final recommendations of the DFE-funded Complex Learning Difficulties & Disabilities Research Project to the Secretary of State, (Carpenter, Egerton 2011) the mental health of children and young people with CLDD featured large. A specific recommendation stated: "Mental Health is the most pervasive and co-occurring need to compound and complicate children's SEND."

The recommendation went on to suggest the creation of a "Well Being Team" in schools, whose focus could be on building the emotional resilience of those children with CLDD. This theme has been further developed through case studies from real school situations and illuminates how, if the issue is addressed, the attainment of students academically can be raised (Carpenter 2013). The emotional and academic dimensions

of a child's functioning are inextricably interlinked. For many the busy nature of our schools is a stressful and at times worrying experience: the anxious child is not a learning child.

An inquiry-based approach to exploring, investigating and seeking resolution to the complex issues surrounding the mental health needs of children with CLDD is also strongly advocated (Jones, Whitehurst & Egerton, 2012). This inquiry approach to research into classroom practice (Fergusson, 2013) was a catalyst for the work-led NASS (National Association of Special Schools) which developed a suite of on-line training materials to help staff address the mental health needs of children with Complex SEND (www.nassschools.org.uk). These materials endeavour to reduce the confusion that often exists for staff, over attributing behaviour to young person's

special needs or a separate mental health concern. (Allen, 2012)

Children with CLDD are a vulnerable group (Carpenter, 2009), who can experience a combination of adverse factors, all of which impinge on their mental health and well-being. A study published by Emerson & Hatton (2007) found that children with a learning disability are 10 times more likely than their non-disabled peers to present with a mental health problem in the course of their lives. The complex reasons behind the high incidence of mental health problems amongst this group are often compounded by academic failure and low self-esteem. This puts the child at even greater risk, and makes them fragile learners, who experience high levels of underachievement in the school system.

In their 2007 study, Emerson and Hatton found that these children are far



more likely than their peers to have to contend with the consequences of socio-economic disadvantage. In particular, their research reveals that of the children with complex needs who have mental health problems:

- 53% live in poverty (compared with 30% of all children);
- 48% have been exposed to two or more adverse life events such as homelessness, harassment or abuse (compared with 24% of all children);
- 38% live in families in which no adult is in paid employment (compared with 7% of all children);
- 44% are supported by a mother who is likely to have a mental health problem (compared with 24% of all children).

This latter point is echoed in the research of Pretis and Dimova (2008) who report that over 3 million children in the European Union live with a parent with a mental health problem. They focus on building the emotional resilience of these children, a concept also widely advocated in the "Count Us In" report (FPLD, 2002). As Pretis & Dimova (2008) state; "fostering resilience in children of mentally ill parents is like finding pieces of a scattered puzzle - but it is worth

investing in support for these children as they can create a meaningful picture." (p158)

Emotional resilience is key to emotional well-being. Schools should focus on this as a vital component in the armour a child will need to face the life challenges ahead. What must it be like to live every day of childhood with a disability, a special need, a complex learning difficulty? To be an 8 year old boy with Autistic Spectrum (AS), arriving in the playground of your Primary school, eager to join in the games of your peers, but you cannot - you do not understand the rules of the game; what does that do for your self-confidence?

What must it be like to be a 15-year-old young woman with Profound & Multiple Learning Disabilities (PMLD) whose every intimate care need must today be dealt with by another; what does that do for your self-image? To be a bright secondary-aged pupil with Cerebral Palsy (CP), who after the introduction to the History lesson in your secondary school the teacher says "pick up your pens and write about...", and much as you try to reach for the pen, the violent shaking in your arm prevents you from ever grasping it; what does that do for your self-esteem?

However this cannot be tackled

solely by schools. This level of complex need requires the contribution of a transdisciplinary team able to deliver multi-dimensional assessment which defines behavioural problems, development disorders and mental illness, and, through evidence-based intervention, promotes development and positive mental health in young people with a range of complex special needs and disabilities, (Dossetor, White & Whatson, 2011)

In a recent report by NASS/NCERCC & NCB (2012) reported that hardly any schools, (in their survey), had developed curriculum materials for dealing with mental health or for teaching students about emotional well-being. Whilst only two schools in this study mentioned the use of Social and Emotional Aspects of Learning (SEAL) materials, the majority found them inappropriate for teaching children with special educational needs. There were case study examples of augmented programmes such as "Zippy's Friends" for use with children with

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autistic spectrum (Rowley & Cook, 2005), but most schools appeared to only have considered mental health issues as a peripheral part of a more general approach to health education within PSHE.

There is a major imperative for schools to seize the initiative around curriculum development in relation to the emotional well-being of their students with complex SEND. It is still too often the case that the mental health needs of young people with SEND go unnoticed until the problems are severe and entrenched, (Howlin, 1997). This has been particularly highlighted in groups such as Girls on the Autism Spectrum, (Egerton and Carpenter, 2016.) Indeed a curriculum initiative with a focus on

building emotional resilience may bring benefits to a wider group of students in any school when considering the World Health Organisation's estimate that 25% of children and adolescents have a mental health disorder (www.who.int). This has to be set against the broader picture, also for the World Health Organisation (MHF, 2012), which estimates that depression will become the single greatest burden of disease in the world by 2030.

We must not underestimate the key role that relationships have to play in both indicating difficulties in the positive adjustment of a child's mental health state, and the potential for a decline in that state. Indeed Dossetor (2012) cites the eminent child psychologist,

Professor Sir Michael Rutter, who would often observe that poor peer relationships are the best measure of childhood adjustment, and the best predictor in childhood mental health problems. Dossetor (2012) goes on to state that "the quality of relationships in the context of a mental disorder has more effect than medical treatment. (p2) Teachers need to remind themselves that teaching is a relationship-based profession. The ethos of the school, the atmosphere of the classroom, the dynamics of the group, all set the context for the relationships in which the vulnerable child with complex/mental health needs may identify how they are valued (or not) as a human being in that setting.

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