Mental Health & Emotional Wellbeing in Students with Disabilities: Understanding the Complexities Involved.

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Abstract

Mental health difficulties in students and young people with complex learning difficulties and disabilities (CLDD) present a significant range of challenges to educators, families, and clinicians. One of the most significant concerns is that these mental health difficulties frequently go unrecognized for long periods of time, and early detection is problematic. Where early detection occurs, outcomes are generally more positive for students, and this can have a very significant impact upon quality of life, for the individual student and their family. Accurate and detailed assessment is a key factor in developing appropriate evidence---based intervention strategies tailored to the individual needs of the student. Emotional resilience and coping strategies are vital to developing and maintaining good mental health. Continued Professional Development (CPD) and training for staff is key in terms of recognizing symptomatology, prevention of ill health, and promoting positive outcomes for students. The present paper seeks to address a range of critical issues pertaining to the emotional wellbeing and mental health needs of students with CLDD, from both an educational and clinical practice perspective.

Introduction.

The World Health Organisation (WHO) defines mental health as: "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2007).

Mental health issues frequently present in several different ways and it is important to recognize that we all have mental health needs. It is important to distinguish between a mental health problem, a mental health disorder and mental illness, so that appropriate assessment, diagnosis and intervention can take place. This is critical in terms of the overall quality of life for those with mental health difficulties, as frequently these problems go unrecognized for long periods of time. Unfortunately in many young people with intellectual disability or those presenting with complex needs, their mental health difficulties have gone unnoticed for long periods of time, and they have not been able to avail of timely assessment and appropriate intervention. Clearly our "early warning systems" for these vulnerable populations (Coughlan, 2011) are not fully developed, and we need to refine these in order to engage at a much earlier stage in the development of these difficulties.

The UN Convention of the rights of the Child, Article 24, notes that "health is the basis for a good quality of life, and mental health is of overriding importance in this".

Within the general population, it is suggested that approximately 20% of children have a "diagnosable" mental health difficulty in any given year (Mental Health Foundation, 2007), while in the UK, the Office for National Statistics (2004) suggests that one in ten of all children and young people between the ages of 5 and 16 have a mental health difficulty, which can include anxiety, depression, conduct disorder and emotional disorder. The Good Childhood Report (2012) highlighted that 9% of young people in the UK were "not happy" with their lives, while 4% of children aged eight years had low wellbeing, compared to 14% of those aged 15 years.

A very recent report published in the UK – *Alone with my Thoughts (2013)* states that "poor mental health among young people remains one of the last great medical taboos" … and notes that … "three children in every classroom suffer from a diagnosable mental health problem, with thousands more teetering on the brink" (p.3). This report goes on to state that:

- one in five young people (20%) have symptoms of depression,
- almost one third stated that they have attempted to end their own life,
- 29% stated that they self harmed because they felt down,
- 12% of young people stated that they felt down or depressed nearly everyday in the last few weeks,
- 12% noted that they felt like they were a failure nearly everyday when they were under 16.

The Scale of the Problem: Mental Health as a "Complex Need".

> *"These children here are fragile. They spill out and demand you hold them together. Their self---esteem is so low that they seem to have no defences against anything they find threatening. Teaching on a knife---edge is not easy" Bergistra. The Guardian, 30 October 2012.*

Clearly the mental health and emotional wellbeing of our young people is at risk, as recent findings have highlighted. If we turn our attention to young people with intellectual disabilities and complex need, the findings are even more concerning. Children and young people with complex learning difficulties and disabilities (CLDD) "include those with co---existing conditions (e.g. autism and attention deficit/hyperactivity disorder (ADHD)) or profound and multiple learning disabilities. However, they also include children who have newly begun to populate our schools

– among them those who have difficulties arising from premature birth, have survived infancy due to advanced medical interventions, have disabilities arising from parental substance and alcohol abuse, and/or have rare chromosomal disorders. Many may also be affected by compounding factors such as multisensory impairment or mental ill---health, or require invasive procedures, such as supported nutrition, assisted ventilation and rescue medication" (Carpenter et al., 2011, p.3)

The international findings in relation to the prevalence of mental health difficulties in students and young people with disabilities are stark – evidence---based research suggests that the current prevalence rate is between 40% and 60%, and this may be an under---estimate. Within the UK, of the 1.7 million young people with special educational needs, it is thought that half of them will present with some form of mental health difficulty (Madden, 2011).

Emerson in 2003 noted that children with an intellectual disability were over seven times more likely to have a diagnosed mental health problem than their non--- intellectually disabled peers. Not only this, but the co---existence of more than one mental health difficulty was common, with 50% of Emerson's study population having more than one diagnosis. This finding was also emphasized in the Complex Learning Difficulties & Disabilities Research Project (Carpenter et al , 2011) which stated that "mental health is the most pervasive and co---occurring need to compound and complicate children's special educational needs and disabilities", (p.9).

In a follow---up study, Emerson and Hatton (2007) 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." (p.158)

How do we begin to make sense of these Mental Health Difficulties?

Teachers play a vital role in making sense of "complex" behaviours within the classroom setting. In the case of possible underlying mental health difficulties, it is often necessary to engage with other professionals such as psychologists, psychiatrists and other mental health team members. These professionals utilize a range of classification frameworks and assessment tools, which guide both the assessment and diagnostic process. These frameworks include the IASSID Bio---Psych---

Social model of Understanding (SIRG---MH, 2000), the DSM---IV (Diagnostic & Statistical Manual of Mental Disorders, 4th edition; American Psychiatric Association, 1994), the ICD-10 (International Classification of Mental Diseases, 10th edition; World Health Organisation), and more recently the DC---LD (Diagnostic Criteria for Psychiatric Disorders for use with Adults with Learning Disabilities; Royal College Of Psychiatrists, 2001).

The role of the classroom staff in this process cannot be emphasized enough, as observation of behaviours, based on classroom---based knowledge, and detailed functional analysis is key to our understanding of these complexities. Multi--- disciplinary or indeed trans---disciplinary input is vital in terms of positive outcomes for the child, and a partnership model is key. Developing a profile of the individual child's need based on such observation, academic ability and attainment, in conjunction with specific psychological testing, where appropriate, is the cornerstone of good evidence based practice, which in turn leads to the formulation of specific goals for intervention.

The following questions are useful in attempting to make sense of the unusual or "atypical" behaviours that we often observe in the classroom setting. These unusual behaviours are often challenging in nature (i.e. they present as challenging behaviour), but frequently these behaviours may be related to the symptoms of an underlying mental health difficulty. On this point, Coughlan (2011) notes that "we have invested far too much time looking at the "challenging" component of the behaviour, rather than exploring what might underlie such behaviours" (p.69). Useful questions include:

- *What specific behaviours (or symptoms) are we observing?*
- *How does the student make sense of these behaviours?*
- *How do classroom staff make sense of these behaviours?*
- *What are others observing or saying about the behaviours?*
- *Is the behaviour contextually specific?*
- *Is the behaviour developmentally appropriate?*
- *Is this first onset, or have we seen similar patterns before?*

In order to answer the above questions, the classroom staff must engage in in---depth observations, and gather meaningful data in an attempt to make sense of these complex patterns of behaviours. By gathering such data, one is automatically generating an evidence---base on which to answer existing questions about complex behaviours but one is also generating further questions in an attempt to formulate or "piece together the jig---saw" of complexity. When this is complete, one can then refer back to the diagnostic frameworks, with the evidence gathered, and discuss further with the multi---disciplinary team, where appropriate.

What can be Done & Where to Next for Schools?

Each school and each teaching professional has a vital role to play in the promotion of emotional wellbeing in our young students. Bailey (2013) notes that "…all teachers of children with special educational needs or disabilities … are inadvertent agents of change in the promotion of the core aims to promote wellbeing in classrooms and the onus is on delivering better outcomes for our most vulnerable children" (p.11)

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 your arm tries 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 repeat 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 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). Indeed an initiative 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 prediction,(also from 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 needs may identify how they are valued (or not) as a human being in that setting.

Conclusion.

Mental health difficulties in students with disabilities are a significant barrier to learning, and frequently go unrecognized. Given the changing pattern of childhood disability, and the increasing complexity of need of many of these students, there is clearly a need to develop innovative ways of supporting these students, their families and those involved in their care and education. Teachers and other professionals need to “fine---tune” their early warning systems, so that these difficulties can be picked up on much earlier, and proactive strategies rather than reactive ones can be initiated. Developing emotional resilience in our most vulnerable students is vital, and the development of wellbeing teams in schools is a critical first step in this process.

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