Specialist Schools and Academies Trust
THE SCHOOLS NETWORK™

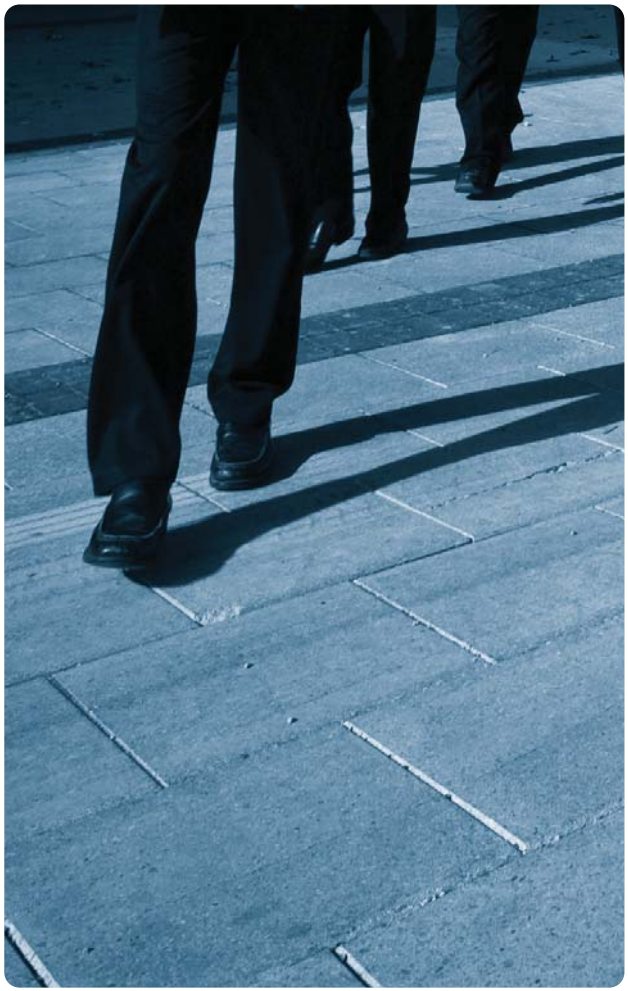
Mental health and emotional well-being

The new dimension in the curriculum for children and young people with special educational needs.

Barry Carpenter, Barry Coughlan and Jodie Fotheringham

COMPLEX NEEDS SERIES

No.4



Pedagogy

The mental health time bomb

The international health community is concerned about the mental health status of our young.

Dr Hans Troedsson (2005) for the World Health Organisation

One in 10 children and young people between the ages of five and 16 years in the UK will develop a diagnosable mental health disorder (Office of National Statistics, 2004). Of children with special educational needs, three in five will develop a mental health problem (Emerson and Hatton, 2007; Meltzer et al, 2000).

Throughout the world there is a growing concern about the mental health and emotional well-being of all children and young people; Dr Hans Troedsson (2005) writes:

It is a time bomb that is ticking and, without the right action now, millions of our children growing up will feel the effects.

Our challenge is to lift our children and young people from vulnerability to positions of resilience. Coughlan (2010) neatly articulates this as the need '... to continue to develop our "early warning systems".'

Case study: inclusion

Fourteen-year-old Bethany has a diagnosis of anorexia nervosa, obsessive compulsive disorder and depression for which she sees a child psychiatrist. Due to her poor concentration, teaching staff differentiate lessons to increase her engagement in the curriculum. Learning mentors provide her with emotional and practical support. When Bethany's behaviour significantly affects the learning of other students, she is offered time in the Student Support base, where she receives direct support and a personalised learning programme until she can cope once again with classroom dynamics. The pace of lesson delivery can be adjusted to allow for her erratic mood swings and lack of concentration. By adjusting her educational setting, and intensifying specialist support for a short period, Bethany is able to remain included in the academy.

What are mental health needs?

Mental health problems are relatively common, affecting 30–40% of all children at some time during childhood. They are likely to be mild and transient, and may arise from a broad range and combination of congenital, physiological or environmental factors.

Mental health disorders are usually diagnosed by a health professional such as a psychologist or psychiatrist, based on observations of a pattern of extended behaviour that matches the criteria listed in diagnostic texts (eg *Diagnostic and Statistical Manual of Mental Health Disorders*) for varying conditions (eg attention deficit hyperactivity disorder, etc). There are four main categories of mental disorder:

- emotional disorders
- conduct disorders
- hyperkinetic disorders
- less common disorders (eg ASDs).

Mental illness refers to far more severe conditions which affect a smaller number of all children at some time during childhood. It includes severe depressive illness, eating disorders such as anorexia nervosa and psychotic disorders such as schizophrenia.

Case study: nurture groups

Abbey Hill is a secondary school for children with complex needs. Many have mental health issues, including attachment disorder, anxiety and high stress levels. Nurture groups are one of a range of interventions offered to children identified as vulnerable through an attitudinal survey. Environmental activity groups withdraw children from parts of their academic timetable to participate within an enterprise context. The children determine the organisation and their roles in activities such as growing and selling produce, bee management, etc. Other children need smaller group settings, with high staff:student ratios, that build trust and a sense of emotional security through intensive interactional techniques. Moving from a learning environment which they find stressful into a therapeutic one builds confidence and self esteem.

Clare Devine, Headteacher

The pathway to appropriate service provision for these young people is fraught with difficulty.

There is very little written about the mental health or emotional well-being of young people with special educational needs in our classrooms (Coughlan, 2010). The Foundation for People with Learning Disabilities' Count Us In Inquiry report (FPLD, 2003) focuses on the very vulnerable 13–25-year age group, and a recent article by Rose et al (2009) is one of the first to address this issue in terms of special educational needs in the UK. The mental health difficulties of young people with learning disabilities are often poorly defined, and present in atypical or unusual ways (Coughlan, 2007). The 'early warning signs' are not picked up, so they are misdiagnosed or go undiagnosed. Reiss (1993) refers to this masking of an underlying mental health difficulty by the presence of the intellectual disability itself as 'diagnostic-overshadowing'. This denies these young people the appropriate support that can come from diagnosis (Reid-Galloway and Darton, 2007).

These young people's mental health may go untreated for long periods. By the time they get to adolescence or their early adult years, they are already at a significant disadvantage. Many symptoms of mental distress, such as self-harming, frequently occur as a result of frustration. Those with complex difficulties struggle to communicate their unhappiness, which may arise from a variety of environmental, physical or emotional factors, to their carers. In the absence of more psychologically orientated treatments, young people are routinely prescribed psychotropic medication, without appropriate in-depth assessment, observation and diagnosis (Coughlan, 2001).

Even when identified at an early stage as having emotional, behavioural or mental health difficulties, the pathway to appropriate service provision for these young people is fraught with difficulty, with long waiting lists existing for specific assessment and intervention (Coughlan, 2007; FPLD, 2003; Moss, 1999).

We need to reconceptualise the way we think about emotional well-being in these young people. We have focused on how their behaviours have challenged us, rather than exploring what might underlie such behaviours.

If we think of the young person in our classroom with an autistic spectrum disorder (ASD), who presents with behaviours that are challenging, we often fail to think of the fact that the ASD, in itself, is a major risk factor for underlying and co-existing mental health difficulty (Ghaziuddin, 2005). Too often we attribute their anxiety to being a core feature of their ASD, rather than an additional impairment, which needs to be assessed and diagnosed separately.

For young people with PMLD, Rose and colleagues (2009) note that often their mental health difficulties are overlooked or changes in their behaviour are misinterpreted.

Young people with intellectual disabilities can experience the same range of mental health problems as other young people; the only difference is that they are more prone to depression and anxiety (FPLD, 2003). The table below shows most commonly occurring mental health issues within a recent research cohort.

Commonly occurring mental health difficulties in people with learning disability (Cooper et al, 2007)

Diagnostic category	Proportion of young people diagnosed
Problem behaviour	22.5%
Autistic spectrum disorder	7.5%
Affective/depressive disorder	6.6%
Psychotic disorder	4.4%
Anxiety disorder	3.8%
Pica	2.0%
Attention deficit hyperactivity disorder	1.7%

Promoting resilience for young people

We believe the most vulnerable children deserve the very highest quality of care.

HM Government (2010)

Atkinson and Hornby's (2002) recommendations for a framework for promoting mental health in schools centres on: establishing a school ethos; whole-school organisation; pastoral provision; and curriculum practice. Relevant learning opportunities within the PSHE and citizenship programmes of study can also promote emotional resilience (Carpenter and Morgan, 2002). The FPLD (2003) identifies the following ways of promoting resilience and autonomy for young people with learning disabilities:

- Early intervention and support for children with learning disabilities and their families from the time of diagnosis of a learning disability.
- Support for families (eg providing appropriate information, skills teaching, emotional support, short-term breaks, adequate income and housing).
- Advocacy and circles of support, particularly for young people who are looked after.
- Access to good care for physical health (eg a good exercise regime).
- Support and training to enhance communication with the young person.
- The implementation of anti-bullying and anti-abuse policies.
- Support through times of loss and trauma.
- Fostering a sense of achievement, developing emotional awareness and providing emotional support.
- Young people being empowered to play a central role in plans for their futures.
- A range of opportunities and support for a social life and respect for their friendships.

Additionally, support in the form of occupational therapy, art therapy, play therapy, music therapy, relaxation training and social skills training may be helpful.

By 2015 mental well-being should be promoted in all schools.

Sainsbury Centre for Mental Health et al, 2006

A healthy school is committed to improving the physical and emotional health of its young people, and invests in health to help raise their achievements and improve standards. If we are truly to bring about change in the lives of our students, early intervention strategies, ongoing professional development for educators, and appropriate preventative techniques are the key tasks that we need to focus on.

Recent literature has highlighted a national concern with children's well-being and mental health. The 'Children's National Service Framework' states the aim that:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families. (Department of Health/Department of Education and Skills, 2004)

It articulates a 10-year vision:

- for an improvement in the mental health of all children and young people
- that multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems
- that all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

Finally, *The Future of Mental Health: A vision for 2015* (Sainsbury Centre for Mental Health et al, 2006) states that by 2015 mental well-being should be promoted in all schools.

Key references

Atkinson, M and Hornby, G (2002) *Mental Health Handbook for Schools.* London: Routledge.

Carpenter, B and Morgan, H (2003) Count Us In, *British Journal of Special Education*, 30 (4), 202–206.

Coughlan, B J (2001) *Issues in the Prescribing of Psychotropic and Psychoactive Medication for Persons with Learning Disability: Quantitative and qualitative perspectives* (Unpublished Ph.D. thesis). Cork, Ireland: University College Cork.

Coughlan, B J (2007) Mental health difficulties in people with intellectual disability. In: B. Carpenter and J. Egerton (eds) *New Horizons in Special Education*. Clent: Sunfield Publications.

Department of Health/Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services.* London: Department of Health.

Foundation for People with Learning Disabilities (2003) *Count Us In: Report of the Committee of Inquiry into the Mental Health of Young People with Learning Disabilities.* London: Mental Health Foundation.

HM Government (2010) *The Coalition: Our programme for government.* London: Cabinet Office.

Reid-Galloway, C and Darton, K (2007) Learning disabilities and mental health problems (factsheet). London: Mind. [Online at: www.mind.org.uk/; accessed: 8.5.10]

Rose, R, Howley, M, Fergusson, A and Jament, J (2009) Mental health and special educational needs: exploring a complex relationship, *British Journal of Special Education*, 36 (1), 3–8.

Sainsbury Centre for Mental Health, Local Government Association, The NHS Confederation and Leaders in Social Care (2006) *The Future of Mental Health: A vision for 2015.* London: The Sainsbury Centre for Mental Health. [Online at: www.scmh.org.uk/; accessed: 8.5.10]

Booklets in the complex needs series

1 A vision for the 21st century special school
2 Children with complex learning difficulties and disabilities – who are they and how do we teach them?
3 Curriculum reconciliation and children with complex learning difficulties and disabilities
4 Mental health and emotional well-being
5 Professional learning and building a wider workforce
6 The family context, community and society

Specialist Schools and Academies Trust
16th floor, Millbank Tower, 21–24 Millbank, London SW1P 4QP
Phone: 020 7802 2300 Fax: 020 7802 2345 Email: info@ssatrust.org.uk www.ssatrust.org.uk