

Critical Issues in the Emotional Wellbeing of Students with Special Educational Needs.

Dr. Barry Coughlan,

Senior Lecturer & Assistant Director, Doctoral Programme in Clinical Psychology, University of Limerick, Ireland; Project Advisor, Complex Learning Difficulties and Disabilities Research Project, Specialist Schools and Academies Trust, UK.

Overview

Mental health difficulties in students with special educational needs present a significant barrier to their learning. These difficulties often go unrecognised for prolonged periods of time. Recent prevalence studies suggest an alarmingly high rate of mental health difficulties in this population. Depending on the complexity of their needs, average figures range from between 40% to 60%, with the presence of the intellectual disability, in itself, being a risk factor of immense significance. Ongoing clinical and research evidence points to the need for specific interventions at the earliest possible onset, based on sound objective assessment and diagnostic frameworks. Our challenge in the 21st century is to continue to develop our “early warning systems”, and rigorously to explore, engage and evaluate the range of possible therapeutic interventions available to these young students. A further challenge is to develop appropriate preventative strategies in an attempt to alleviate the consequences of the entire range of mental health difficulties.

Introduction

The health of people with intellectual disability of all ages has received much interest in the last ten to fifteen years (Schrojnstein Lantman-de Valk, 2005), and there is a growing consensus that health needs should be both recognised and met in this population (Cooper et al., 2004). From the international evidence-based literature, we now know that there are major disparities in how health services are provided for people with an intellectual disability (Nachshen, Martin-Storey, Campisi, Stack, Schwartzman & Serbin, 2009). While there has been much written from the perspective of adult service users, considerably less is known about the health needs of younger people with an intellectual disability (Nachshen et al., 2009).

In particular, there is very little written about the mental health or emotional wellbeing of the young students with special educational needs in our classrooms (Coughlan, 2010). While the Foundation for People with Learning Disabilities published the *Count Us In* Inquiry report in 2003, it placed emphasis on the 13—25 year age group, who in themselves are a very vulnerable group (FPLD, 2003). However, despite this very useful and valuable UK report, the significant majority of existing literature reports on the prevalence of mental health difficulties in the adult population, and there is a great need for a more detailed literature base pertaining to younger people. A recent article by Rose, Howley, Fergusson & Jament (2009) is one of the first articles to address this issue in terms of special educational needs in the UK.

Very often, mental health difficulties present in atypical or unusual ways in people with an intellectual disability, and so often go unrecognised for significant periods of time (Coughlan, 2007). This presents significant difficulties to the young person themselves, their families, the teaching profession, and members of the wider team, in that we know there is something “unusual” or “different” about their presentation, but perhaps cannot quite make sense of why they are behaving in this way. There is frequent reporting of “diagnostic-overshadowing” (Reiss, 1993) in this population – the “masking” of an underlying mental health difficulty by the presence of the intellectual disability itself. This has led to a considerable number of cases being under-diagnosed, and so these young people may go untreated for prolonged periods of time. By the time these young people get to adolescence or their early adult years, the presence of a mental health difficulty may only be detected at this time. From a treatment perspective, they are now already at

a significant disadvantage, in that the “early warning signs” have not been picked up, and so appropriate interventions may not take place. Frequently in the absence of more psychologically orientated treatments, these young people are routinely prescribed psychotropic medication, without appropriate in-depth assessment, observation and diagnosis (Coughlan, 2001).

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

Evidence from the existing literature suggests that children, adolescents and indeed adults with all levels of intellectual disability have a far greater risk of developing mental health difficulties, (Emerson, 2003) given the presence of the intellectual disability, in conjunction with their (many) other associated complexities (neurological impairments; physical and sensory impairments; presence of autistic spectrum disorders for example). Frequently these difficulties can go unrecognised, and have a major impact on the person’s quality of life, their productivity, personal independence and educational needs (SIRG-MH, 2000).

Emotional Wellbeing – the need for a re-conceptualisation?

From the perspective of their educational needs, mental health is one of *the* most significant barriers to a student’s learning. The challenge in the 21st century is not only to continue to develop appropriate assessment and intervention strategies, but to develop appropriate preventative strategies.

Not only this, but there is a need to re-conceptualise the way in which we have come to understand, and study emotional wellbeing in these young students. Because of the unusual or atypical ways in which mental health difficulties present in people with intellectual disability or special educational needs, we have traditionally focussed on how their behaviours have “challenged” us – whether we are psychologists, nurses, teachers or indeed any professional group. Hence, I believe we have invested far too much time looking at the “challenging” component of the behaviour, rather than exploring what might underlie such behaviours. Frequently, such challenging behaviour (in whatever form) may be driven or “predisposed” by an underlying anxiety disorder, which has never been formally assessed, diagnosed or treated. In the case of Attention Deficit Hyperactivity Disorder (ADHD), this condition is the most commonly described behavioural disorder in the childhood years (American Psychiatric Association, 1987; Buckley, Hillery, McEvoy & Dodd, 2008). If we think of the young student in our classroom with an autistic spectrum disorder, who presents with behaviours that are challenging (which may be sometimes attributable to Attention Deficit Disorder), we often fail to think of the fact that the ASD, in itself, is a major risk factor for the possible presence of an underlying and accompanying (comorbid) mental health difficulty (Ghaziuddin, 2005). Not only this, but too often do we attribute the anxiety to being a core feature of their ASD, rather than an additional impairment, which needs to be assessed and diagnosed separately. This process can be said to mimic the process of “diagnostic overshadowing”, as mentioned earlier in this paper, and this has significant implications in terms of overall prevalence figures gathered to date. As Rose and colleagues (2009) have noted “the issue of identification of mental health difficulties in those with PMLD often involves students being overlooked, or changes in behaviour being misinterpreted” (p.3).

Prevalence of Mental Health Difficulties.

There is now a good body of sound empirical research evidence on the prevalence of mental health difficulties in people with intellectual disabilities. The difficulty with this evidence is that it is primarily gathered on adults with intellectual disability (FPLD, 2003), with a far lesser emphasis on children and adolescents (Emerson, 2003). Hence, generalisation of the actual implications of these findings is difficult, and there is clearly the need to develop developmentally appropriate child and adolescent-specific prevalence studies, as well as treatment-effectiveness studies.

What is known from both the existing literature and from clinical practice is that:

- The prevalence of mental health difficulties occurs more frequently in people with intellectual disability, as compared to the general population.
- The full spectrum of mental health difficulties is present in those with intellectual disability.
- The rates of co-morbidity (the presence of more than one disorder) are alarmingly high (approximately 50%).
- These mental health difficulties frequently go unrecognised and untreated for prolonged periods of time.
- Access to appropriate mental health services can be very difficult for children, adolescents and adults with intellectual disability.

Many of these implications are drawn from the *Count Us In* inquiry report, and, in addition to this, the report makes many specific recommendations for best practice models of care, support, education and training (FPLD, 2003).

Table 1 below outlines the reported prevalence figures from a selection of recent research studies.

Table 1: Prevalence of Mental Health Difficulties in Intellectual Disability.

Prevalence	Country	Authors
40%	Australia	Einfeld & Tonge (1996)
38%	Scotland	Hoare et al. (1998)
50%	England	Cormack et al. (2000)
31%	South Africa	Molteno et al. (2001)
39%	United Kingdom	Emerson (2003)
40.9%	Scotland	Cooper et al. (2007)
33.8%	United Kingdom	Bhaumik et al. (2008)

From the existing evidence available to us, there is now a growing consensus that the prevalence figures (across all age ranges) is approximately 40%. This is an alarming figure, and when one considers the number of students in an average class, it is likely that 4 in 10 of these students at some stage in their lives will develop a mental health difficulty. If one considers the nature and the complexity of their wellbeing, and the many additional impairments that may be present (such as the presence of Autistic Spectrum Disorder), this figure can be elevated to in excess of 60% or 6 in ten students, as was supported by the research of Emerson & Hatton (2007).

In terms of a breakdown of diagnostic categories, from the available evidence, we can see that conditions such as depressive disorders, anxiety disorders, psychotic disorders, ADHD and ASD are the most prevalent mental health difficulties diagnosed. Interestingly, the presence of epilepsy also seems to be a significant risk factor for those attending adult intellectual disability mental health services (Bhaumik et al., 2008), although far less is known about this from the perspective of children and adolescents, despite epilepsy being a very commonly diagnosed neurological impairment in this population.

Findings from the recent research of Cooper et al. (2007) highlight the frequency with which these mental health difficulties occurred in their population:

Table 2: Commonly Occurring Mental Health Difficulties in Intellectual Disability.

Diagnostic Category	Frequency (Clinical Diagnosis)
Affective/Depressive Disorder	6.6%
Psychotic Disorder	4.4%
Anxiety Disorder	3.8%
Pica	2.0%
ADHD	1.5%
ASD	7.5%
Problem Behaviour	22.5%

Importance of Early Intervention for Mental Health Difficulties.

A further “critical issue” for these young students with mental health difficulties is the notion of early intervention. Early intervention in terms of the onset of mental health difficulties in our young students with special educational needs is vital and is receiving increasing prominence in recent years.

Guralnick (2005) notes that:

“Given an awareness of the magnitude of this problem, a major challenge for the early intervention field is to incorporate mental health issues and generally raise the priority of socioemotional development within these programmes ... clearly integrating the established programmes of early intervention with the emerging field of infant mental health will be an essential task for the future” (p. 320).

Despite the frequency with which mental health difficulties occur in this population, the evidence-based literature on treatment approaches has fallen well short of the mark (Coughlan, 2007). If one compares the advances in treatment approaches for people with intellectual disability in comparison to almost all other populations (child & adolescent mental health; adult mental health; old age psychiatry; rehabilitation services), the intellectual disability sector (encompassing all ages) remains far behind from an innovative practice perspective.

The primary stumbling block (Coughlan, 2010) seems to be access to mental health services/professionals at the outset. I frequently visit special schools in the UK, and the common issue which emerges is that there is frequently a lack of contact/access to specialist services which will engage with the schools. Where there is access, and professionals are available, the process seems to be much smoother; hence the delays in assessment and diagnosis are not as apparent. This has extremely important implications in terms of education, training, support, not only for the teaching profession, but also for members of the multi-disciplinary team (such as psychiatry, psychology, nursing, counselling, etc.). There is clearly a need to develop expertise in the area of mental health and intellectual disability/special educational needs, and as yet that pool of expertise is in its infancy. Findings from previous research completed on mental health training for direct care staff have shown that if these staff can pick up on the early warning signs earlier, this has a positive effect on the overall wellbeing of the individual student, and they are far less likely to go to the point of crisis intervention (Carpenter et al., 2007; Whitehurst, 2008). This is an important issue in terms of actual recognition, and the subsequent “pathway” to mental health services for these students and their families.

Conclusion

To conclude, mental health difficulties present a significant challenge to all those involved in the education and care of students with special educational needs. Critical issues include the identification of a mental health difficulty and its implications in terms of assessment, diagnosis and subsequent treatment. Other factors of significance include the development of “seamless” pathways to effective service provision and continuing education, training and support, for those

working in the field. There are many challenges to overcome, and there is a need to re-conceptualise how we think about, how we understand, and how we manage the emotional wellbeing of our students. Early intervention strategies, ongoing professional development, and appropriate preventative techniques are the key tasks that we need to concentrate on, if we are truly to bring about change in the lives of our students.

The Specialist Schools and Academies Trust invites you to contribute to the on-line debate around 'Critical Issues in the Emotional Wellbeing of Students with Special Educational Needs'.

- What are your thoughts and experiences of working with students with mental health needs?
- What are the challenges faced by our young students with MH needs?
- What are the challenges faced by you, as educators?
- What kinds of support or training would assist in some of these challenges?
- How might you begin to re-conceptualise your understanding of emotional wellbeing?
- How might this impact upon, or indeed change your practice?

References

American Psychiatric Association (1987) Diagnostic and Statistic Manual of Mental Disorders, 3rd Edition. American Psychiatric Association: Washington, DC.

Bhaumik, S., Tyrer, F.C., McGrother, C. & Ganghadaran, S.K. (2008) Psychiatric Service Use and Psychiatric Disorders in Adults with Intellectual Disability. *Journal of Intellectual Disability Research*, 52, 986-995.

Buckley, S., Hillery, J., McEvoy, J., & Dodd, P. (2008) The Prevalence of Features of Attention Deficit Hyperactivity Disorder in a Special School in Ireland. *Journal of Intellectual Disability Research*, 52, 2, 156-162.

Carpenter, B., Coughlan, B.J., Logan, N., & Whitehurst, T. (2007) Developing a Training Programme in Mental Health to Support Staff in an Intellectual Disability Setting. In B. Carpenter & J. Egerton (eds) *New Horizons in Special Education*. Stourbridge: Sunfield Publications.

Cooper, S.A., Melville, C. & Morrison, J. (2004) People with intellectual disabilities: Their health needs differ and need to be recognised and met. *British Medical Journal*, 414-415.

Cooper, S.A., Smiley, E., Finlayson, J., Jackson, A., Allan, L., Williamson, A., Mantry, D. & Morrison, J. (2007) The Prevalence, Incidence and Factors Predictive of Mental Ill-Health in Adults with Profound Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, 20, 493-501.

Cormack, K.F., Brown, A.C. & Hastings, R.P. (2000) Behavioural and Emotional Difficulties in Students Attending Schools for Children and Adolescents with Severe Intellectual Disability. *Journal of Intellectual Disability Research*, 44, 124-129.

Coughlan, B.J. (2001) Issues in the Prescribing of Psychotropic and Psychoactive Medication for Persons with Learning Disability: Quantitative and Qualitative Perspectives. Unpublished PhD Thesis: University College Cork, Ireland.

Coughlan, B.J. (2007) Mental Health Difficulties in People with Intellectual Disability. In B. Carpenter & J. Egerton (eds) *New Horizons in Special Education*. Stourbridge: Sunfield Publications.

Coughlan, B.J. (2010) Identifying and Responding to the Needs of Young People who Present with Learning Disability and Mental Health Difficulties: A Training Workshop. Southport: United Kingdom.

- Einfeld, S., & Tonge, B. (1996) Population prevalence of psychopathology in children and adolescents with intellectual disability. I. Epidemiological findings. *Journal of Intellectual Disability Research, 40*, 91-98.
- Emerson, E. (2003) Prevalence of Psychiatric Disorders in Children and Adolescents With and Without Intellectual Disability. *Journal of Intellectual Disability Research, 47*, 1, 51-58.
- Emerson, E. & Hatton, C. (2007) The Mental Health of Children and Adolescents with Learning Disabilities in Britain. Lancaster: Institute for Health Research.
- 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.
- Ghaziuddin, M. (2005) Mental Health Aspects of Autism and Asperger Syndrome. London: Jessica Kingsley Publishers.
- Guralnick, M. (2005) Early Intervention for Children with Intellectual Disabilities: Current Knowledge and Future Prospects. *Journal of Applied Research in Intellectual Disabilities, 18* 313-324.
- Hoare, P., Harris, M., Jackson, P. & Kerley, S. (1998) A Community survey of Children with Severe Intellectual Disability and Their Families: Psychological Adjustment, Carer Distress & the Effect of Respite Care. *Journal of Intellectual Disability Research, 42*, 218-227.
- Molteno, G., Molteno, C.D., Finchilescu, G. & Dawes, A.R.L. (2001) Behavioural and Emotional Problems in Children with Intellectual Disability Attending Special Schools in Cape Town, South Africa. *Journal of Intellectual Disability Research, 45*, 515-520.
- Moss, S. (1999) Assessment: Conceptual Issues. In N. Bouras (Ed) Psychiatric and Behavioural Disorders in Developmental Disabilities and Mental Retardation. Cambridge: Cambridge University Press.
- Nachshen, J.S., Martin-Storey, A., Campisi, L., Stack, D., Schwartzman, A., Serbin, L. (2009) Health and Psychiatric Disparities in Children with Cognitive and Developmental Delays: Implications for Health Policy in Quebec. *Journal of Applied Research in Intellectual Disabilities, 22*, 248-255.
- Reiss, S. (1993) Assessment of Psychopathology in Persons with Mental Retardation. In J. Matson & R. Barrett (eds) Psychopathology in the Mentally Retarded. Boston: Allyn and Bacon.
- Rose, R., Howley, M., Fergusson, A., & Jament, J. (2009) Mental Health and Special Educational Needs: Exploring a Complex Relationship. *British Journal of Special Education, 36*, 1, 3-8.
- Schrojnstein Lantman-de Valk, H.M.J. (2005) Health in People with Intellectual Disabilities: Current Knowledge and Gaps in Knowledge. *Journal of Applied Research in Intellectual Disabilities, 18*, 325-333.
- Special Interest Research Group - Mental Health (2000) Mental Health and Intellectual Disabilities: Assessing the mental health needs of people with intellectual disabilities. Draft report by the Mental Health Special Interest Group of the International Association for the Scientific Study of Intellectual Disabilities to the World Health Organisation. Geneva: World Health Organisation.
- Whitehurst, T. (2008) Impact of Mental Health Training for Frontline Staff Working With Children With Severe Intellectual Disabilities. *Journal of Policy & Practice in Intellectual Disabilities, 5*, 1, 6-11.