COMPLEX LEARNING DIFFICULTIES AND DISABILITIES RESEARCH PROJECT (CLDD)

MENTAL HEALTH

What is mental health?

The World Health Organisation (WHO) defines mental health as:

> *A state of well-being in which the individual realises 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).

One in four people in the general population are affected by mental illness at some point in their lives (WHO, 2001). Studies suggest that 20% of children and adolescents have mental health problems at some point and one in ten have a clinically recognisable mental health disorder (CAMHS, 2004; BMA, 2006). Amongst children with learning disabilities, the prevalence of mental health problems has been found to be significantly higher (Emerson, 2003). According to the Count Us Inquiry conducted by the Foundation for People with Learning Disabilities (FPLD, 2002), 40% of young people (13–25-year-olds) with a learning disability also have a mental health issue. Emerson and Hatton (2007) state that a child with a learning disability is six times more likely to present with a mental health difficulty throughout their lives. In addition, Carpenter (2004) writes that 'for every five children with special needs we know that three will have a mental health problem,' and as Coughlan (2010) observes: '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.'

What are mental health issues?

Mental health issues can present in a number of ways, and it is important to distinguish between a mental health problem, disorder and illness in order to ensure that the appropriate diagnosis, treatment and support are made available.

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 a set of criteria described in diagnostic texts such as the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual* (DSM-VI). These can range from attention deficit hyperactivity disorder to post-traumatic stress.

There are four main categories of mental health disorder:

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

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According to a 2004 report on the mental health of children and young people in Great Britain, one in five of children identified as having a mental health issue was diagnosed with more than one of the main categories of mental disorder listed above – that is 1.9% of all children (Green et al, 2005). This suggests a high prevalence of complex needs amongst students with mental health conditions.

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

It is also important to remember that the accurate assessment of the mental health of young people with learning disabilities is often complicated by the challenges of distinguishing between behaviours which become associated with their condition and those which are a manifestation of a mental health problem (Coughlan, 2007). For example, many symptoms of mental distress such as self-harming frequently occur in people with learning disabilities as a result of frustration (Reid-Galloway and Darton, 2007).

The mental health needs of students with disabilities are often poorly defined, which can lead to their misdiagnosis, making these students even more vulnerable as they are unable to access the appropriate support that can come from a successful diagnosis (Reid-Galloway and Darton, 2007). They may also struggle to make their unhappiness known to their carers, who may be intent on presenting everything as positive. It may be difficult to work out the cause of their distress, which may arise from a variety of environmental, physical or emotional factors.

What are the risk factors for mental health issues?

Throughout our lives there are times when our mental health may be compromised. This may be due to several factors, and to individual responses to these factors. It is during these periods that people can become susceptible to mental health issues. Research has shown that there are several factors that can increase the likelihood of suffering from mental health issues. These include:

- poor physical health
- special educational needs/learning difficulties
- parents with mental health problems
- family discord, instability or disruption
- greater experience of punishment by parents
- experience of more stressful life events
- experience of any form of physical, sexual, emotional abuse or neglect.
  (Payne and Butler, 2004)

A recent study of prevalence rates and associated factors in children with intellectual disabilities by Cooper et al (2007) found that high rates of mental ill-health were associated with:

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- life events such as grief
- being female – although according to the Office of National Statistics Survey (Meltzer et al, 2000), among children of 5–15 years, more boys than girls had mental disorders (11% and 8% respectively), a difference which also held true for conduct disorders and hyperkinetic disorders, and remained when controlling for age. For emotional disorders, there were no gender differences amongst 5–10-year-olds, but the prevalence was higher for girls than boys aged 11–16 years
- lower ability disabilities
- more medical consultations
- severe physical disability
- low mobility

It also varied with the type and amount of support given.

How does mental health impact on learning?

It is becoming increasingly recognised that 'students' positive engagement with school is closely linked to their positive mental health' (Holdsworth and Blanchard, 2006, p 1). Studies have shown that children and young people with depression are at a significantly higher risk of academic failure than their non-depressed peers (Chan et al, 2008). According to a 2004 report of the mental health needs of children and young people in Great Britain, 49% of children with mental health issues were behind in their overall development, and 27% were more than a year behind their peers. (For a breakdown of scholastic ability figures for each of the four main mental health disorders see Table 1 below.) In addition, for students with multiple disorders, these figures were 63% and 40% respectively (Green et al, 2005). It is therefore clear that mental health issues certainly impact on students' learning and development.

Mental disorder	% of children more than a year behind in their intellectual development	% of children with special educational needs
None	24	17
Emotional	44	35
Conduct	59	52
Hyperkinetic	65	71
Less common disorders (e.g. ASDs)	72	97

Table 1. Scholastic attainment of students with mental disorders (adapted from Green et al,

Recent research suggests that:

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> *…psychiatric disorders (particularly depression) can interfere with children's ability to concentrate on cognitive tasks and, consequently, can interfere with their ability to learn.*
> (Canadian Council on Learning, 2009, p 4)

In addition, memory impairment is also a frequently observed consequence of mental health issues, with the result that students may struggle to either learn new material or recall previously learnt material. Clearly such difficulties will exacerbate the learning difficulties and disabilities already being encountered by students with complex needs, and thus it is essential that their mental health needs are addressed if they are to be supported to reach their full potential.

Mental health issues are also positively correlated with absenteeism from school. A 1999 review of the mental health of children and adolescents in Great Britain established that children with a mental health issue were twice as likely as other children to be absent from school for a period of 11 days or more (Meltzer et al, 2000). In a 2004 follow-up study, it was revealed that 14% of those with mental disorders had been absent from school for more than 15 days in the academic year, compared to only 4% of children without mental health issues (Green et al, 2005). Clearly therefore this degree of absence will impact upon the successful engagement of these students in learning.

Studies examining the engagement in learning of students with high mental health needs have identified four key areas which can enhance achievement:

- a holistic, transdisciplinary approach
- specific activities designed to promote strong relationships with peers, teachers and the school
- relevant curriculum content and appropriate teaching and learning approaches
- shared decision making, which promotes student voice.

(Holdsworth and Blanchard, 2006).

How do we prevent mental ill health and promote positive wellbeing?

Events frequently occur in life that are unpredictable and difficult to control. Furthermore, based on the associated risk factors for mental health problems outlined above, it is clear that students with complex learning difficulties and disabilities (CLDD) are at a greater risk of being placed in situations where their mental health will be compromised.

It is therefore particularly important to build the emotional resilience of students with CLDD. Emotional resilience relates to the positive capacity of people to cope with stress and catastrophe (Masten, 2009), and is a key factor in protecting and promoting good mental health.

Emotional resilience enables people to deal with the ups and downs of life, and is inextricably interlinked with self-esteem. High self-esteem is generated by secure early attachments, the confidence of being loved and valued by one's family and friends, a clear sense of self-identity (personal, cultural and spiritual), a sense of agency and self-efficacy (being able to make decisions and act independently), and having the confidence to set goals and attempt to achieve them (Payne and Butler, 2004).

How do we increase resilience?

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- The sooner intervention begins with students with mental health concerns the better. It may be necessary to arrange for multiagency input to increase the support the student is receiving. This should include psychological services such as Child and Adolescent Mental Health Services (CAMHS), Speech and Language, Occupational Therapy, GP and health teams, therapists, etc.

- Support in school should centre on encouraging the student to talk about their issues. This could be achieved by using a peer mentoring scheme, or talking mats and other communication technology to facilitate student voice in cases where this is needed.

- Support in the form of occupational therapy, art therapy, play therapy, music therapy, relaxation training and social skills training should be available.

- Increasing the amount of exercise a student receives is also crucial to reduce anxiety and increase emotional wellbeing. In addition, physical exercise has also been shown to be negatively correlated with peer victimisation (Storch et al, 2007) which is particularly important since a significant risk factor for individuals with learning disabilities in the development of mental health issues is bullying/victimisation. Physical exercise also increases the quantity and quality of restful sleep (Spence et al, 1997) which is particularly relevant since sleep problems are extremely common amongst individuals with learning disabilities (Wiggs and Stores, 1999), and sleep loss is correlated with poor academic performance, increased medical illness, depression and anxiety (Armitage, 2004).

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