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Critical Issues in the Emotional Wellbeing of Students with Special Educational Needs in the 21st Century.

Mental health difficulties in students with special educational needs (SEN) 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 (ID) 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 twenty-first century is to continue to develop our "early warning systems", and to rigorously 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.

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INTRODUCTION

The health of persons with intellectual disability (ID) of all ages has received much interest in the last ten to fifteen years (Schrojrnstein Lantman-de Valk, 2005), and there is a growing consensus that health needs should be both recognised and met in this population (Cooper, Melville and Morrison, 2004). From the international evidence-based literature, we now know that there are major disparities in how health services are provided for persons with an ID (Nachshen, Martin-Storey, Campisi, Stack, Schwartzman and 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 persons 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 (SEN) in our classrooms

(Coughlan, 2010). While the Foundation for People with Learning Disabilities (FPLD) published the *Count Us In* inquiry report in 2003, it placed emphasis on the thirteen to twenty-five 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 persons. A recent article by Rose, Howley, Fergusson and Jament (2009) is one of the first articles to address this issue in relation to SEN in the UK.

Very often, mental health difficulties present in atypical or unusual ways in persons with an ID, and so often go unrecognised for lengthy periods of time (Coughlan, 2007). This presents significant difficulties for 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 ID itself. This has led to a considerable number of cases being under-diagnosed resulting in young people going untreated for prolonged periods of time. The presence of a mental health difficulty may only be detected in adolescence or the early adult years. From a treatment perspective, such young people are now already at a significant disadvantage, in that the "early warning signs" have not been picked up, and therefore, 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 ID, in conjunction with other associated complexities (physical and sensory impairments; autistic spectrum disorders (ASDs); neurological impairments) that may be present. 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 (Special Interest Research Group-Mental Health (SIRG-MH), 2000).

EMOTIONAL WELLBEING – THE NEED FOR A RE-CONCEPTUALISATION?

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

Not only is there an onus to consider strategies to address the mental health of students, 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 persons with ID or SEN, we have traditionally focused 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. Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly described behavioural disorder in the childhood years (American Psychiatric Association, 1987; Buckley, Hillery, McEvoy and 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 ADHD), 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 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 article, and this has significant implications in terms of overall prevalence figures gathered to date. As Rose et al. (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 persons with ID. The difficulty with this evidence is that it is primarily gathered on adults with ID (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 appropriate child and adolescent-specific prevalence studies, as well as treatment-effectiveness studies.

The following is known from both the existing literature and clinical practice:

- The prevalence of mental health difficulties occurs more frequently in persons with intellectual disability, as compared to the general population
- The full spectrum of mental health difficulties are present in those with ID
- 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 ID.
- 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 methodologically sound international research studies:

Table 1: Prevalence of mental health difficulties in persons with an ID

Prevalence	Country	Authors
40%	**Australia**	**Einfeld and Tonge (1996)**
38%	**Scotland**	**Hoare, Harris, Jackson and Kerley (1998)**
50%	**England**	**Cormack, Brown and Hastings (2000)**
31%	**South Africa**	**Molteno, Molteno, Finchilescu and Dawes (2001)**
39%	**United Kingdom**	**Emerson (2003)**
40.9%	**Scotland**	**Cooper, Smiley, Finlayson, Jackson, Allan, Williamson, Mantry and Morrison (2007)**
33.8%	**United Kingdom**	**Bhaumik, Tyer, McGrother and Ganghadaran (2008)**

From the existing evidence available to us, there is now a growing consensus that the prevalence figures for mental health difficulties in persons with an ID (across all age ranges) is approximately 40%. This is an alarming figure, and when one considers the number of students in an average class with an ID, it is likely that four in ten 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 ASD), this figure can be elevated to in excess of 60% or six in ten students, as was supported by the research of Emerson and 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 ID 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 of adults with profound ID (Table 2):

Table 2: Commonly occurring mental health difficulties in persons with ID

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 SEN 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 psychological and psychotherapeutic treatment approaches is quite limited, and there is a need to develop more robust methodologies to explore what treatment approaches are most effective (Coughlan, 2007). If one compares the advances in treatment approaches for persons with ID, to advances for almost all other populations (child and adolescent mental health; adult mental heath; old age psychiatry; rehabilitation services), individuals with ID are at a significant loss, and clearly have not benefited from innovations in treatment and practice.

The primary "stumbling block" (Coughlan, 2010) seems to be access to mental health services/professionals at the outset. A common issue which emerges within the special school sector, is that there is frequently a lack of contact/access to specialist services (such as mental health professionals), who will engage with the schools. Where there is access to such services, and professionals available, the process seems to be much smoother, hence the delays in assessment and diagnosis are not as frequent. This has extremely important implications in terms of education, training, support, not only for the teaching profession, but also for other professionals such as psychologists, nurses, counsellors and psychiatrists who may be members of the multi-disciplinary team. There is clearly a need to develop expertise in the area of mental health and ID/SEN, 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 picking up on the early warning signs sooner, has a positive effect on the overall wellbeing of the individual student, thus reducing the likelihood of her/him reaching the point of crisis intervention (Carpenter Coughlan, Logan and Whitehurst, 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 SEN. This paper has highlighted some of the critical issues with regard to identification, assessment and treatment. There are many challenges to overcome, and there is a need to re-conceptualise how we understand and manage the emotional wellbeing of our students. Continued professional development and in-service education in the area of emotional wellbeing for those professionals working with young people with ID have been shown to be effective in bringing about change in the lives of students. In particular, educational strategies utilising the principles of behavioural approaches have shown great promise in terms of classroom management and earlier identification of behavioural, emotional and other difficulties.

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