Meeting the Mental Health Needs of Young People with Complex Need & Autism Spectrum Disorder: Understanding the Complexities Involved.

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Thematic Overview

- Setting the Scene: The Mental Health Context for Children & Young People.

- Understanding the “layers of complexity”:
  - CLDD & ASD.
  - What is international practice & literature telling us about these mental health difficulties.

- How Best to Intervene & Build Emotional Resilience?

- Future Directions & Ways Forward …
Setting the Scene...

The Mental Health Context for Children & Young People
Mental Health & Emotional Wellbeing

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

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

(Troedsson, 2005, World Health Organisation)
A Mental Health “Time Bomb”

Every day we hear about the unprecedented toxic climate children and young people face in a 24/7 online culture where they can never switch off…

Young Minds, cited in the UK Mental Health Standards, 2014.
The Pursuit of Happiness?

“The first signs of life long mental illness can be traced back to childhood for half of those with mental health problems. This is simply not good enough….

We need to promote good mental health from the earliest opportunity, and make sure that schools, workplaces and the communities that we all live in are supporting us to be mentally well”.

Burstow, July 2014, CentreForum Mental Health Commission
Two Reports of Interest...

Mind Full

“Alone with my thoughts”

Recommendations for a new approach to young people’s mental health support

including the results of a YouGov poll of 2,000 young people in the UK

The Good Childhood Report 2012
A review of our children’s well-being
1 IN $5^2$

children have symptoms of depression

1/3

Almost a third of children (32%) have thought about or attempted suicide. 29% say that they have self-harmed because they felt down.
UK Mental Health Standards (2014)

In any school of around 1,000 pupils:

- 15% will have additional vulnerability at any one time.
- 10% will have a diagnosable mental health difficulty (with 50% having serious depression).
- 30% of these young people will go home to parents with their own mental health difficulties.
Understanding the “layers of complexity”...

*Complex Learning Difficulties & Disabilities
Autism Spectrum Disorder.*
Defining Complex Need

Children & young people with complex learning difficulties and disabilities (CLDD) include those with co-existing conditions (e.g. ASD; ADHD) or profound & multiple learning disabilities (PMLD). 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 & alcohol abuse, and/or have rare chromosomal disorders.

UK CLDD Report, 2011
Autism Spectrum Disorders (ASD) are a group of neurodevelopmental disorders that have overlapping diagnostic criteria related to deficits in communication and socialization, and restricted interests and repetitive behaviours.

(Duffy & Healy, 2011).
May (2013) – new version of the Diagnostic & Statistic Manual of Mental Disorders was launched (DSM-V).

- New single diagnosis of ASD.
- New severity ranking.
- ASD diagnosis based on two areas
  - Deficits in social communication
  - Fixed interests & repetitive behaviour
- Symptoms from early childhood
Current Australian figures suggest that 1 in 100 children have an ASD & this equates to approximately 230,000 young people.

(Ways Forward – Discussion Paper Dec 2012)

Corresponding figure in the US is currently 1 in 68 young people.

(CDC, March 2014)
education

“The children here are fragile. They have no defences’

Bergistra
Headteacher on a knife-edge

From the moment I stepped into school this morning, I knew it was going to be a hectic day. There is just something in the atmosphere, a kind of electric edge in the children’s chatter as they arrive. It is raining again. Not good for the children we serve, as many of them live in cramped conditions and need to get out during the day to run and feel space around them. The rain imprisons them in their classrooms and corridors. My school, a primary, is in an area of worked and so there is low aspiration for their children. Mental health issues are common and drug and alcohol use are endemic. There is a disproportionately high level of domestic violence. For the children in our care, school is an oasis of calm and safety.

We have a “support” group for children who can’t manage their learning in a mainstream classroom. All have troubled homes. In the group there is suicide, separation and other kinds of loss. There are violent older siblings, violent parents. There is mental illness and depression. The children show you this. They explode, sending themselves across the classroom with the pencils and pens and paper that end up strewn across the floor. We help them pick everything up, and in the process help the children to reconstruct who they are.

There are two children in particular who seem even more highly strung than usual. All week these two, aged seven and eight, have been buzzing. Today they circumnavigate the classroom without touching the floor, feeling their way along the radiators and walking over the tables and furniture. They refuse to get down. We shadow them to ensure they are safe and eventually they comply. Other children

And it doesn’t take much to send them climbing. A look from another child, a wrong word whispered, a pencil snapped. The energy is released with a ferocious outburst and things go flying.

The circumnavigation is part of the recovery process. I’ve watched my staff dealing with this on a number of occasions this week. They are patient, firm and kind. They keep the children safe. They get them learning again. The outbursts are contained within the group, ensuring that the rest of the school is able to function normally.

The children here are delightful. They are fragile. These children 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 and I have huge admiration for the staff who do it all day, every day.

In the group one day this week, there was an explosion when one boy said something that annoyed another. One of them started swearing and throwing things and the other left the classroom, kicking chairs and furniture on the way, teddy bear in hand. Cuddling his teddy while kicking the wall. I started talking to him calmly as he was still agitated. I placed the bear on his tummy, which still upset him, and we were able to talk for a while about his cat.

One of the things that the children in the group really struggle with is understanding that their actions have a consequence and a perceived injustice can take an awful lot of talking round, and caressing and coaxing. When we talked about why he had kicked off in the group, he got cross with me again and turned on to his tummy. I put the toy on his back and again he stilled. I just sat with him, in silence, for five minutes. Then I asked him if he could get up without the toy falling off. He tried to, but it tumbled off and we both laughed.

I took him back into the classroom, where the other member of staff had worked her wonders on the other child, who was working at the table. Modelling reparation is so important for these children. We try to show them that their anger and fury haven’t destroyed the world, that we are still in one piece, they are still in one piece and we are ready to learn with them once more.

This is Bergistra’s first column for the Guardian. Her blog, http://themusing
Mental Health Difficulties as a Barrier to Learning.

From the perspective of a student's 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…

(Coughlan & Carpenter, 2013).
CLDD Mental Health Concerns

- Of the cohort studied in phase 1, there were mental health & wellbeing concerns for 55% of students with ID.

- Teachers noted that mental health & wellbeing was the most significant concern they had, in relation to their pupils.
SEN/ID & Mental Health

- 1 in 10 children & young people between ages 5-16 will develop a mental health condition.

- Of children with SEN, 3 in 5 will develop a mental health difficulty.

- Significant rates of co-morbidity (multiple diagnoses).
Mental Health Problems & ASD

- Relatively little known about the associated mental health difficulties in ASD.

- Few methodologically sound studies investigating prevalence rates in this population.

- Process of “diagnostic overshadowing” continues to be problematic.
Prevalence of MH Problems in ASD

Epidemiological study of Simonoff et al. (2008):

- Subgroup of 112 ten to 14 year old children.
- 70.8% of participants has at least one mental health difficulty.
- 41% had more than one diagnosed condition.

Study of Adolescents with ASD (Simonoff et al., 2013):

- Eighty-one 16 year olds.
- Mental health difficulties remain persistent into the adolescent years.
- Greater emotional problems at age 16 were predicted by poorer maternal mental health.
Common Mental Health Difficulties in ASD.

- Anxiety Disorders (32-42%)
- Depression (30%)
- Oppositional Defiant Disorders (30%)
- Attention Deficit Hyperactivity Disorder (28-53%)
ASD, Complex Need & Mental Health

Bio

Psycho

Social

High Risk
“(ASD) is so complex when it co-occurs with mental health problems. It can easily be wrongly diagnosed or labelled, and ultimately those with more complex needs can end up with the wrong label and the wrong treatment. A wrong label has implications, not just for the support we give them, but in education and all aspects of their life. It is so important that we are able to get that right”.

(ASD Clinical Lead, cited in Sims, 2011)
The Australian Context

Key Issues Identified:

- Prevalence of ASD with co-existing mental health difficulties.
- Awareness.
- Access to services & support.
- Professional Expertise.
- Collaboration & coordination.
- Employment
- Funding.
How Best to Intervene & Build Emotional Resilience?
“… is developing individual strengths and abilities to “bounce back” from challenges and setbacks that life presents us with. It involves being able to adapt to changes, drawing on both our own strengths and the available social resources to assist us in times of stress …”
A Systems-based Framework

INDIVIDUAL

FAMILY

EDUCATIONAL

SYSTEMIC & ENVIRONMENTAL
An Integrated Approach to Intervention

FAMILY

INDIVIDUAL

EDUCATIONAL

SYSTEMIC & ENVIRONMENTAL
Critical Elements in Resilience Building

Leadership, management & managing change.

Policy development.

Learning & teaching.

School culture & environment.

Providing appropriate & timely support services.

Curriculum planning & resources.

Giving young people a voice.

Family & community partnerships.

Achievement & celebration.

Staff professional development & CPD.
Greater emphasis needs to be placed on Perinatal & Infant Mental Health.

Families of children considered to be at high risk should be considered for cost-effective, evidence-based parenting programmes.

Importance on on-going child development assessments, as a pro-active measure.
School-Based Approaches

- All school curricula should include the requirement to teach children how to look after their mental health & build emotional resilience through appropriate psychological techniques (Mindfulness/CBT).

- Teachers & other educational staff should receive ongoing training in child development, mental health & psychological resilience to enable them to identify children who are vulnerable. ([www.complexneeds.org.uk](http://www.complexneeds.org.uk))

- Development of a “wellbeing team” in schools.
Individual Interventions

- Capitalizing on adaptivity & creativity in our practice….
  - which modifications … when… for whom?

- CBT approaches.

- Mindfulness-based approaches.

- A clear and trusted diagnostic and support pathway available locally in line with NICE Guidance / Quality Standards.

- Research on ASD intervention must be supported.
Final Comments & Ways Forward...