The Mental Health Needs of Children with Emotional and Behavioural Difficulties

INTRODUCTION

In 2000 the Mental Health Foundation established a vulnerable young people project to explore the mental health needs of four key groups of young people identified as being at risk of developing mental health difficulties. These being young offenders, children with emotional and behavioural difficulties, looked after children and homeless young people. This project forms part of the Mental Health Foundation’s ongoing programme of work on children and young people’s mental health.

Research on current policy and practice with respect to the mental health needs of each group was commissioned by the Mental Health Foundation. The focus of the research was on England but the issues and findings will be relevant to interested parties across the UK. Full reports have been prepared for each group and issued for consultation. A combined final report will be published in the spring of 2003.

This paper summarises a report commissioned by the Mental Health Foundation to promote discussion on the particular mental health needs of pupils with emotional and behavioural difficulties (EBD) in special schools and off-site educational units called 'Pupil Referral Units' (PRUs).

BACKGROUND AND METHODOLOGY

The Mental Health Foundation’s Bright Futures report produced a range of recommendations and proposals for improving the mental health of children and young people in the UK. The recommendations and proposals covered a broad spectrum aimed at influencing a range of professionals from senior policy makers and civil servants to practitioners in respective fields of expertise.

There were important issues however that the Bright Futures report was not able to cover adequately, in particular the mental health needs of some of the most vulnerable children and young people in the community and the structures that could be developed locally and nationally to support them and meet identified need.

Relevant literature and government guidance as well as studies, conducted since 1995, by the University of Birmingham’s EBD Research Team are used to discuss current and recommended practice in England. In particular, findings from EBD research teams of EBD schools and its examination of nearly every English LEA’s behaviour support plan are employed. After exploring the relationship between EBD and mental health, the report addresses the following questions:
What are the mental health needs of children and young people with EBD in special schools and PRUs?

How many pupils with mental health needs attend English special schools and PRUs?

How are the mental health needs of these pupils currently met?

What changes are needed at national, regional, local and individual school or PRU levels to improve this provision?

KEY FINDINGS

The literature shows that:

Defining the terms ‘EBD’ and ‘mental health’ is an imprecise and problematic enterprise.

Whether some young people are said to have EBD can be more a function of the attitudes and practices of their mainstream school or the LEA’s ease of access to EBD schools, rather than an accurate assessment of a child’s real difficulties. Making a similar point, although from a different angle, ‘Family dynamics can clearly be a major force in contributing to a child becoming defined as a problem’. However, the considerable congruence of ‘mental health’ and EBD is shown by the overlap between definitions offered by different government departments.

Emotional difficulties are common amongst children who are considered to have EBD.

The behaviours of pupils with EBD are claimed to be problematic across settings and personnel. The DFES’ (England) description of EBD covers mental health characteristics identified as key areas designed for use by health and social service professionals. These key areas are disruptive, anti-social and aggressive behaviour; hyperactivity, attention and concentration problems; somatic, emotional and related symptoms; poor peer and family relationships and school attendance. Social, psychological and sometimes biological factors, or commonly interactions between these three strands, are seen as contributing to a pupils’ EBD.

The mental health difficulties of children with EBD:

The mental health needs of children with EBD are the same as those without the label ‘EBD’. The difference is that the needs of children with EBD are usually more pronounced and often more difficult to meet given the multiple and interacting ‘risk factors’ in their lives.

Evidence on the characteristics of the young people entering EBD special schools and their previous school experiences show young people weak in terms of their mental health and wellbeing (for example resilience, self-esteem, social and emotional skills).

Gaining the label of ‘EBD’ leading to a statement of special needs can be a difficult and complicated affair, with varying practices and standards being applied in different schools and LEAs.

The national survey of senior staff in EBD schools in England confirmed earlier research in indicating that the pupils entering these schools had indeed displayed pronounced behavioural difficulties, usually involving a degree of violence and aggression, often mixed inextricably with emotional and social difficulties that had interfered with educational progress. Experience of failure and rejection in mainstream settings, usually mingled with unsettled home circumstances had commonly led to low self-esteem and damaged confidence. Traumatic life events involving loss and bereavement were not uncommon.
Data on those entering PRUs, is less plentiful. However, work on the characteristics of excluded pupils, many of whom enter PRUs, suggest that much of this population have pronounced mental health difficulties similar to those of pupils in EBD schools. It should be noted that most of those entering PRUs will not have been statemented and many will not have been on their mainstream school's Special Educational Needs (SEN) register. Often they will have travelled along disciplinary or pastoral rather than special needs routes in their mainstream. This does not mean that they do not have EBD, rather that this remains largely unassessed.

Numbers of pupils with EBD in special schools and PRUs

- Most pupils with EBD and disaffected pupils remain on the roles of mainstream schools.
- Between 20,000 and 25,000 pupils attend special schools for pupils with EBD and PRUs in England.
- The numbers on the rolls of PRUs are growing substantially.
- Some pupils with EBD attend special schools for pupils with moderate learning difficulties.
- Although this population is relatively small, their problems and needs are compounded by multiple factors.
- Boys outnumber girls by 12:1 in special schools for pupils with EBD and by about 3:1 in PRUs.

CONCLUSIONS AND RECOMMENDATIONS

National and local government strategy must foster school climates that are more understanding and supportive of affective needs and that reduce the need for so many children to be placed in special schools and PRUs.

For a tiny minority of young people with mental health difficulties, social inclusion is sometimes not best served by school inclusion, particularly where the latter is enforced and inadequate. To make the biggest impact on the mental health difficulties of pupils with EBD in special schools and PRUs, more staff, able to live up to the demanding standards outlined in the full report are needed across the country. High quality staffing in alternative provision is clearly central to creating communities that improve emotional resilience and focus more effectively on individual mental health difficulties. Further, major development of local CAMHS is still needed to provide regular support as consultants to the staff of EBD special schools and PRUs as well as quick, effective, direct interventions to the young people with the most severe mental health difficulties.

The full report includes a comprehensive list of recommendations at national, local and individual institutional levels. This includes the encouragement of national and local government to:

- Promote pastoral care in special schools and PRUs.
- Conduct trials involving the appointment of school mental health co-ordinators.
- Include mental health components in initial and continuing professional development in all services.
Further encourage multi-agency work.

Fund research into policy impact and efficacy of approaches.

Increase the range of specialist provision available to LEAs through regionalisation of special educational services.

Improve systemisation at the local-government level.

Streamline referral pathways to child and adolescent mental health services.

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This update was compiled by Lucy Leon, Children and Young People’s Project Officer at the Mental Health Foundation, for details of the full report please contact Lucy Leon at lleon@mhf.org.uk.

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