

School Mental Health Services for Children with Learning Disorders



Sociology

KEYWORDS : learning disorders, school mental health programme, remedial intervention, special education

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ABSTRACT

Children with Learning Disabilities(LD) are those who, despite adequate ability, have great difficulties arising of academic achievement. These difficulties are characterized by problems in language, attention, perception, memory, auditory perception, language, visual perception, fine and gross motor coordination. Implementation of School mental health program for comprehensive assessment and management of LD by team of mental health professionals such as psychologist, occupational therapist, special educators, social workers, psychiatrist and psychiatric nurse in the afore said cognitive domains is of paramount importance. Learning disabilities have been recognized by the educationist as disabling conditions. But there are no provisions for addressing the psycho-social issues and mental health issues in parents and children arising out of LD at school level. Hence, school mental health programmes are essential to address the lacunae. Provision of comprehensive school mental health programme and implementation special education provisions would go long in way in the outcome of intervening learning disability and the comorbid conditions associated with it.

Introduction

It is estimated that about 15-20% of school going children reported to have Learning Disorders in India. Choudary(2012) reported that prevalence of learning disability is 10.25% in Class III to V at Bikaner City, India. Mogasale(2012) reported that prevalence of specific learning disabilities was 15.17% among school children aged 8-11 years in Belgaum, Karnataka. Indian studies have reported that 13-14% school going children have learning disability. Learning disabilities are found three to four times more often in boys.

Characteristics of Children with Learning Disabilities

Most children with learning disabilities have problems with two or more in academic achievement, cognitive functions such as; attention, memory, orientation, auditory perception, language and visual perception, fine motor coordination and gross motor coordination. Very few children with learning disabilities have problems in all of the above areas occasionally. Some characteristics and behaviors which are appropriate in earlier stages of child development are not appropriate in later stages. For example, it is normal for a five-year-old child to omit, substitute, add and reverse letters, it is considered abnormal for a ten year-old child to do so.

Need for School Mental health Services

1. Unidentified and unmanaged children with learning disorders ensue in school dropout.
2. In present scenario; school teachers are aware of learning disorders and capable identifying and making appropriate referrals. Since non-availability of special educators, school nurse, mental health professionals, absence of school mental health programmes and service, delays the early identification and early intervention process. The delay further causes psychosocial problems in both individual and family level thereby making children with learning disability vulnerable and at risk for psychiatric morbidity.
3. To address the psycho-social and educational needs of the student with SLD: School Mental health programmes would meet both the psychological and educational needs of child with learning disability. Providing supportive atmosphere is as important as providing appropriate reading instruction. Most LD children have unhappy and frustrating experiences at school. They are often embarrassed and ashamed and have negative feelings about themselves.
4. Several studies have reported that children with specific learning disabilities(SLD) had low parental, academic and general self-esteem, high state anxiety (Sudipta 1994; Poornima 1995, Swetharai 2008). Family learning environment of children with SLD differ from normal children (Poornima, 1995). Teachers reported that these children as poorer in social competence and these children perceive

lack of warmth from mother on parenting dimension ((Aartilal, 1996). Children with scholastic problems had higher rates of externalizing, internalizing, learning and miscellaneous behaviour problems (Shanthi 1998; Annie John 1999). Mothers of children with SLD reported to be permissive, hostile and negative attitude while communicating with towards male children with SLD and they were over-protective towards female (Chandramukhi et al 2002).

5. School mental health professionals can make use of the following guidelines in assisting teachers to deal with students with LD: Conveying to the student that you are aware of his or her difficulty in reading and that many other students with similar problems have been helped by teachers. Creating an atmosphere of acceptance and understanding, offering encouragement in teachers and parents about the child.
6. Challenges involved in working with SLD children in invisible nature of disability. Any child who shows poor academic performance in 3 consecutive exams in particular subjects they need to be identified, assessed and intervened early. SLD children in the age group <10 years tend to show remarkable academic achievement after the early intervention.
7. Social Case Work Services: School Nurse and Social Worker by their virtue of training in mental health; can rule out any environmental deprivation, poor home or school environment, emotional problem due to stress at home or at school, which is primarily responsible for the child's poor school performance in the psychosocial assessment. Chandramukhi(2002) reported that 35% of SLD children had family of history of mental illness and 8% of them had family history of SLD.
8. Working with parents of children with SLD: During parent teacher association meeting; sensitization programme on SLD can be carried out and group therapy can be conducted with parents of SLD children to alleviate their stress.
9. Administrative services: Studies have shown that increase in academic performance after structured individualized training and remedial intervention programs. Most important limitation of such training programs organized *outside* the school. As a result the academic improvement could not be replicated or sustained at school. Therefore there is a robust need for initiation of school mental health service. School mental health professionals need to apply their administrative and liaison skills in terms coordinating with team of health and education department, teachers and parents in implementing special education programs in school itself.
10. Training the Teachers: Mental health professionals can offer following guidelines to school teachers during school mental health orientation program; to provide possible

opportunities for successful reading experiences at the student's actual reading level. This may mean presenting easier material that the student can read fluently and without errors. Using praise, appropriately and avoiding criticism, acknowledging the mistakes. Presenting new study material in small segments, introducing new words in isolation and in context. Providing extra opportunities for reviewing skills previously introduced. Providing extended practice of new skills by incorporating them into a reading situation. Providing extra timings (30 mins) during examination and reducing the pass mark from 35 to 25. Be flexible about the approach, materials used, and general instructional plan. Sometimes even the best plans need modification in order to be effective.

11. Educational Provisions in Board Examination for SLD Children: In 1996, Maharashtra was the first in India to formally grant children with SLD to avail the special provisions to enable them to complete education in regular mainstream schools. Since 1999, National Educational Boards (CBSE/ICSE) have formally granted following special provisions such as 25% extra time for each question paper, Spelling errors of child overlooked, Marks are given as long content is clear, Oral exam after main exam (for Std I-VIII), For students with reading comprehension, a teacher to help with reading out of the question, For students with dysgraphia, a writer/scribe to write the paper, Separate objective paper (for Std I-VIII), For dyslexic students, exemption from second and third language (for Std I-XII), For left-right confusion, wrong directions in maps to be condoned, For child with dyscalculia, allowing calculators/other provisions or dropping Maths, Use of computers for all exams (for ICSE board, Std I-XII). Other states such as Karnataka, Tamil Nadu, Kerala, Gujarat and Goa have also granted special provision for SLD children in their respective state board examinations.
12. School Mental Health Programmes provides an opportunity for postgraduate students of psychiatry, psychiatric nursing, psychiatric social work and psychology for training in assessment and comprehensive management of children with SLD.

Effectiveness of Remedial/Special Education Services on Specific Learning Disorders

Joe Rozario (1991) tested the effectiveness of remedial education for children with Scholastic Backwardness. 25 students aged 8-11 years were selected for remedial education and it was carried out in groups of five students in each in school setting. 25 sessions were held with a frequency of four sessions/per week. Results showed scholastically backward children improved in reading, comprehension, spelling, writing and arithmetic skills. Shwetarai (2008) studied the effects of remedial intervention in children with learning disability aged 10-15 years. Children underwent 20 sessions of remedial intervention at least one per week. After the Intervention the SLD group showed an improvement in academic skills and self-esteem. Krishnakumar (2011) provided individualized education for 15 SLD children for a period of 4 months. They were divided into three equal groups and were given individualized training in reading, writing and mathematics for 5 hours a week in two sessions. After the remedial training, 87% of children had improvement in mathematics, reading or writing and 47% had improvement in all the three areas. Govt of India under Sarva siksha abhiyan scheme has introduced bridge course for children with learning disorders. Activity Based Learning (ABL) method of teaching in Bridge course is found to be effective in improving the academic performance of children with SLD (Senthilkumar 2012).

CONCLUSION:

Provision of comprehensive school mental health programme and special education/remedial education service at school level would go long in way in the outcome of intervening learning disability and the co-morbid conditions associated with it.

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