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# Promoting Mental Health in School

A preventive, school based, approach to child mental health is described by F. Wolstenholme, C. M. Hulbert and Dr. Ian Kolvin, of the Human Development Unit, Newcastle University

Each of us concerned with mental health should be prepared to give honest answers to some important questions. What impact does our work have on society? In what way is our work effective? Does it help those who seek it? Does it reach all who need it? If our answer to any of these questions is negative or inconclusive, we must rethink our methods and consider alternatives.

Children with psychological difficulties are numerous and the resources to deal with them inadequate. American estimates, for instance, suggest that fewer than 30 per cent of those children considered in need of professional help at a clinic are actually receiving it (Joint Commission on Mental Health of Children, 1970; Bower, 1969). In the United Kingdom prevalence of psychiatric disorder in school children ranges from six to 18 per cent (Garside et al., 1973) and, of these, less than one fifth have been estimated as receiving help from clinics. We are of the view that, however quickly services expand, the ever increasing demand will always outstrip available resources. There is also evidence that the available resources are unevenly distributed geographically so that where the need is greatest the resources are often least available.

A further important question is: what kinds of intervention are most effective for different disorders? (Strupp and Bergin, 1969). The tendency in the past has been to rely exclusively on individual child therapy with parallel parent therapy; this has proved highly expensive and of doubtful efficacy. This realisation has prompted experiments with alternative treatments, some based on new conceptual models. Not surprisingly a diversity of approaches, such as group therapy, family therapy and behaviour therapy has become more fashionable in recent years (Robins, 1973; Scott et al., 1976; Becker et al., 1967). Some of these have the potential of reaching untouched areas of distress in our society.

The search for alternative methods has included the exploration of preventive techniques.

## The preventive approach

Over the last decade mental health workers have become increasingly aware of the potential value of a preventive approach both in its primary and secondary forms (Caplan, 1964). Developments of these approaches have been advanced by Cowen (1973).

In brief, *primary preventive activities* in child mental health focus on those environments which have wide influences on children's development, especially the home and the school. They attempt to prevent later disorder by attacking its presumed origins and simultaneously promoting psychological adjustment (Sandford, 1965). Such an approach does not directly focus on individual distress.

*Secondary preventive activities* can be considered under two broad headings. The first, early secondary prevention, aims to identify children at grave risk of developing abnormally, whether intellectually, socially or emotionally, and to prevent dysfunction from becoming severe or overt. *Late secondary prevention* aims to identify children with relatively mild or moderate disorders to reduce the duration and severity of the disorders to prevent their becoming chronic and minimise repercussions in other areas of functioning (Bower, 1969). *Tertiary prevention* is directed at entrenched disorders and its main aim is to reduce misery, discomfort and impairment to a minimum (Cowen, 1973). While some feel that the concepts 'late secondary prevention' and 'tertiary prevention' are misleading because these approaches are not essentially preventive, we suggest that they should be viewed primarily as forms of treatment.

## Evaluation of intervention programmes

The growing literature, including recent reviews on evaluative research and allied themes, shows the increasing interest in intervention programmes both in the USA (Robins, 1973; Cowen, 1973; Robins, 1970; Cowen et al., 1967; Cowen and Zax, 1969; Cowen et al., 1971) and in the UK (Garside et al., 1973; Kolvin et al., 1977; Shepherd et al., 1971). As regards treatment there is as yet little evidence that psychiatric intervention significantly affects outcome (Levitt, 1971; Robins, 1970; Garside et al., 1973; Shepherd et al., 1971) although total acceptance of this conclusion is unjustified since the methods of even the most rigorously conducted studies have been criticised (Rutter, 1970).

There are, in fact, some indications from a recent study, which is less open to criticism of its methodology, that neurotic disorders in children do respond to some form of treatment (Kolvin et al., 1977).

It is evident, however, that research has far to go in the evaluation of treatment programmes and even further in evaluating preventive programmes. Indeed few which are truly preventive have been carefully evaluated with scientific rigour.

The preventive projects most adequate in design method and evaluation are those which have focussed on the education of deprived or disadvantaged children and children of minority groups. In general, these programmes attempt to compensate for inadequate stimulation and adverse early life experiences by direct intervention within the school and/or attempts at stimulating interactions between the mother and child. Unfortunately, most of these *compensatory* or *enrichment programmes* have confined their evaluation to the cognitive sphere and have ignored the social and emotional adjustment of the child (Bronfenbrenner, 1974). Despite the narrow focus of such research it carries important implications for preventive psychiatry. The best known example is the US Government project called Head Start, geared to four year old children from low income groups. Robins (1973), in her review of certain of the Head Start programmes, concludes that a permissive middle class nursery school type of approach for disadvantaged children has led to fewer educational gains than a more structured educational programme.

The research literature on the philosophy, method, analysis and interpretation of findings is extensive and often contradictory. Hence in this paper we have confined ourselves to what we consider one of the most up to date and masterly reviews

concerned with the effectiveness of pre-school programmes, that by Bronfenbrenner (1974). The main points from this review are as follows.

## Review of pre-school programmes

(a) When compensatory stimulation is provided for the pre-school child there are substantial IQ gains while the programme lasts but after a year this trend reaches a plateau. Such gains become rapidly eroded once the help ends (Weikart et al., 1974; Gray and Klaus, 1970; DiLorenzo, 1969). Deutsch (1971) sees this erosion of gains of an enrichment programme, even when it is still continuing, as being determined by social and family factors beyond the school, as evidenced by the fact that the children whose response is poorest come from the poorest environments.

(b) The hope that programmes initiated early in life would produce the greatest and most enduring gains has not been fully substantiated (Braun and Caldwell, 1973). Children in pre-school programmes which were initiated before the age of three and *did not directly involve mothers* did no better than those who entered later, although their programmes were of equal duration.

(c) Hays and Grether (1969) found that the lack of stimulation over the long summer holidays experienced by the disadvantaged child appeared to be responsible for much of the loss incurred in the areas where gains had previously been made. This is a strong argument in favour of home-based programmes which are not subject to this problem.

(d) Indeed home-based intervention has led to dramatic and enduring gains three or four years after the help was terminated. There is, however, one important qualification — maternal interest and participation in the scheme are essential. A one-to one interaction between a motivated mother and her child around a common educational type activity was found to be crucial (Schaefer and Aaronson, 1972; Levenstein, 1970). The earlier the interaction began, the greater the gains appeared to be (Levenstein, 1970; Gilmer, 1970; Karnes et al., 1968); they were negligible if interaction started late. Bronfenbrenner considers it essential for such home-based educational programmes to be reinforced when the child's dependency on mother is greatest, that is, in the second year of life (Bronfenbrenner, 1968; Levenstein, 1970). So impressive were these findings that Radin (1972) suggested that parent education was an essential adjunct to any compensatory pre-school programme if the child was to continue to benefit cognitively.

(e) The optimal time for parental involvement seems to be in the first three years of the child's life. Nevertheless there is considerable evidence that parental involvement thereafter continues to be an important factor in the educational progress of the child (Smith, 1968). Some families (especially psychologically vulnerable families) are so socially disorganised that the parents are unlikely to be able to participate. In such circumstances a more radical solution has been attempted — the separation of infant and mother during the waking day, the provision of compensatory stimulation for infants (Heber et al., 1972), the training of mothers in child rearing and basic domestic skills. Such radical intervention would appear justifiable intellectually, educationally and morally only when home conditions appear totally detrimental to child development. However, not only are the costs of such projects prohibitive but, equally importantly, we know little about their social and emotional consequences.

Four important conclusions have emerged from educational research which are relevant to preventive child psychiatry. Firstly, with disadvantaged children greater educational gains are likely to result from more structured educational programmes than less structured ones. Secondly, there seems to be an over-riding need for involvement of the mother and child in a common educational task. Thirdly there is the problem of the erosion of gains after the termination of help. Finally Bronfenbrenner (1974) stresses the need to improve the total living conditions of disadvantaged families in the community.

These findings generate a number of questions. Will children with different types of behavioural difficulties respond better to a more tightly organised and structured environment? There is little evidence available for children with the more common behavioural problems but some clues may be gained from work that has been carried out with autistic children (Rutter and Bartak, 1973).

The next important question is whether or not maternal involvement is as necessary for achieving social and emotional adjustment as it is for cognitive development. Clinical experience suggests so and psychodynamic theory (Gurin et al., 1960; Minuchin et al., 1969) and research using a behaviour modification model (O'Leary and Drabman, 1971) confirm the importance of parental participation. The question therefore becomes not whether parents should be involved but rather *how*?

The question of whether or not gains in behaviour diminish after treatment ends has not yet been adequately clarified. Behaviour modification findings indicate that gains may also be lost if there is inadequate reinforcement (O'Leary and Drabman, 1971). On the other hand there is other work which demonstrates that behaviour steadily improves with time (Kolvin et al, 1977). Perhaps a more realistic objective for preventive psychiatry should be to shorten the duration of the disturbance.

If preventive mental health programmes are to be initiated in the pre-school years and to involve parents, we are faced with the problem of identifying the 'at risk' population. It is unlikely that wide scale identification of children who are 'at risk' or actually disturbed could currently take place in the pre-school period. Perhaps, in this age range, efforts will have to be concentrated on the most disadvantaged section of the community.

## A prevention model

In the previous section we have proposed the need for alternative techniques of intervention. The rest of this paper is concerned with one method of early secondary prevention: the use of non-professionals in mental health work. So far, one of the main foci of preventive work has been the optimising of school environments (Boxall, 1973; Barnes, 1975; Allinsmith and Goethals, 1962; Cowen et al., 1972). Theoretically such a prevention model has far greater mental health potential than any hospital or clinic-based treatment programme.

## The origins of a teacher-aide programme

This is by no means a recent innovation. Since 1958 the Rochester Group (Cowen, 1973; Zax et al., 1968; Cowen and Zax, 1969; Cowen et al., 1971; Cowen et al., 1972) has been developing methods of identifying and preventing emotional disorders in children by providing immediate help as soon as difficulties are noticed. This help has been provided through a

variety of approaches, the non-professional approach being a major one. Cowen demonstrated that when a group of children who were maladjusted or 'at risk' and had not received special help were followed up three years later they performed significantly less well than a control group of 'normal children' on 70 per cent of the measures used (Cowen et al., 1971). When these 'at risk' children were provided with child guidance type of support they did significantly better (on a number of cognitive and adjustment measures) than an untreated control group. This was also the case when a teacher aide service was provided.

By current standards the scientific rigour of these experiments is open to question in terms of the small number of schools used, the small size of the samples and the subjectivity of many of the evaluatory criteria. Furthermore, the experiments provide little evidence of long term effects; nor do the findings suggest what types of disorder respond to what kinds of help. Nevertheless, as hard evidence is scarce, the series provides valuable empirical pointers which cannot be ignored.

In the United Kingdom the Plowden Report recommended the idea of classroom auxiliaries helping children individually whilst under the supervision and direction of a teacher (Plowden Report, 1967). The report proposed that auxiliaries should be trained for employment throughout the junior stage of education and that this training should equip them for wider functions than those of welfare assistants. As we describe later, we have interpreted those wider functions in terms of mental health care.

## Rationale for school-based preventive programmes

In a series of papers Cowen and his group have outlined the advantages of locating a preventive programme within the school (Cowen et al., 1971). There are three main points. Firstly, during the school term the child spends approximately half of the waking day with the teacher who is, in theory, strategically poised to provide immediate and essential help. Secondly, if children can be helped at school they are less likely to be perceived or labelled as different and thus acquire a social stigma. Thirdly, if the child remains in close contact with his existing school and community environment he will not be confronted with the problems associated with the transition back to normal education, which would occur if he were taken from the ordinary school system.

## Rationale for use of non-professionals

In the US different bodies have become increasingly interested in the use of non-professionals in mental health work, applying widely differing approaches. The reasons for such interest are described elsewhere (Sobey, 1970; Grosser et al., 1969) and therefore we will confine ourselves to the rationale for using non-professionals in the school setting.

Undoubtedly there is a grave shortage of professional manpower and, if alternative ways of helping disturbed children can be provided, this could release professionals for more specific or complex tasks (Cowen et al., 1971) and for immediate help to be made available from both those sources at times of crisis. Second, there are important economic considerations. Employing teacher aides is relatively inexpensive and the amount of time an aide could spend with a child is far more than any professional could offer. Third, the characteristics of maturity and enthusiasm, the sense of devotion, maternal warmth, ability to stimulate children, natural wisdom and skills in child rearing, which are the main ingredients of the help we would like to provide, are not the prerogative of trained professionals. Fourth, there are some quantifiable personal characteristics (so-called psychotherapeutic characteristics), which are thought to be associated with the ability to help or counsel others, and again these are not the exclusive domain of the trained professional (Truax and Carkuff, 1967). Many people with emotional problems have reported that they obtained satisfactory help from non-professionals (Gurin et al., 1960; Sobey, 1970). Fifth, traditional psychotherapeutic approaches are, arguably, not particularly applicable to the underprivileged whose needs are greatest (Mayer and Timms, 1970). Sixth, there is the view that people are more likely to model their behaviour on someone whose social class and subculture are not too different from theirs.

In our opinion these factors argue strongly for the use of non-professionals in early secondary prevention. In addition there are several arguments for having more than only one adult in the classroom (although these may be considered controversial). First, there is evidence that, in the disadvantaged areas of a city, a teacher can spend from 50 to 80 per cent of the time in non-teaching activities such as discipline and classroom organisation (Deutch, 1960). Secondly, with an additional person in the classroom the problems of control and discipline become less conspicuous (O'Leary, 1972), provided there is a good working relationship between the teacher and aide. Furthermore a second adult can release the teacher to work individually with more children.

## Conclusion

A brief account of the issues involved in preventive mental health suggests the need for a careful assessment and evaluation of current methods of helping children with problems. Any new or alternative methods should receive similar scrutiny.

We indicate that the task of helping children with behavioural problems calls for a multi-disciplinary approach, based on the cooperation and involvement of adults within the child's natural setting, together with mental health specialists. Both can learn from each other to help children more effectively. An account of the Newcastle Teacher Aide scheme in action, together with the theory underlying the techniques used, will appear in the next issue of this journal (Hulbert et al., 1977). A statistical explanation of the Newcastle teacher aide programme will be provided in a later publication (Kolvin et al., 1978).

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