PRIORITY BRIEFING

The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation project.

QUESTION DETAILS

Question ID: 10
Question type: Intervention
Question: Would a mental health/developmental paediatric assessment of primary school children who are excluded (and those facing exclusion) from school lead to evidence-based management of underlying problems and hence improve the likelihood of a positive long term outcome?

Population: Children of primary school age excluded (or possibly threatened with exclusion) from school.

Intervention: An assessment of their mental health and developmental status aimed to identify specific problems including ADHD, ASD, specific learning problems, communication and auditory processing disorder (an assessment tool for which may already exist). The identification of child abuse may also be relevant. For many of these conditions there are interventions based on good evidence of effectiveness but many are known not to be identified and appropriately managed.

Control: Current practice.

Outcomes: 1. Better long term outcome; 2. Increased likelihood of return to mainstream school; 3. Improved school completion rates; 4. Improved mental health; 5. Improved social outcomes including employment and criminality; 6. reduced school exclusions.

Note on paediatric assessment:
**We were unable to contact the submitter for further clarification of this study consequently the information provided in this briefing note is limited*.

Part 1: Research Background

Guidelines: There are no specific guidelines regarding school exclusions or the care/education of children who have been excluded. However, formal guidelines on 'Improving behaviour and attendance: Guidance on exclusion from schools and pupil referral units (PRUs)' (2008) suggest that before making decisions on exclusions head teachers should ensure appropriate early interventions and alternative measures have been fully explored.

Research Summary:

No relevant systematic reviews were identified on this topic, however a few research studies look at the use paediatric assessments for subsequent interventions to support children with difficulties in these areas[1, 2]. The studies support the existence of assessment tools that screen children for social-emotional and behaviour problems as well as delays in the acquisition of competencies in paediatric settings as well as in early intervention programs. The studies also report that few children who are rated by parents as having elevated social-emotional and behaviour problems are receiving any behavioural health services. The studies suggest that the availability of social-emotional and behaviour problem assessment tools should increase studies that focus on the clinical efficacy and effectiveness of prevention and early intervention programs designed to promote positive mental health. The study also advocates for changes to systems that require child diagnosis as a gateway to intervention.

Ongoing Research:

No research related to this research question was found.

Part 2: Prioritisation Information

1. The health problem

Epidemiology:

In England data for school exclusions is available for the period 2007/08 (from the Department of Children, Schools and Families). There were 8,130 permanent exclusions from primary, secondary and special schools in that period, of these approximately 12% (1000) were from primary schools. There were also 43,290 fixed period exclusions (average length 2.2 school days). The majority of exclusions were boys and most tended to occur in the older age range of primary (9-11 years). In total, primary school exclusions account for 0.02% of the total school population in England, in Devon this figure is 0.04%

In Scotland's Exclusions for Schools statistics 2002/03 4,131 children were excluded from primary school. Similarly, the majority of exclusions were boys (91%) and most tended to occur in the older age range of the primary years.

The current provision for excluded children is unknown. A substantial proportion of these exclusions are believed to be children who have unidentified mental health problems, developmental disability or are suffering child abuse. These exclusions could potentially be avoided. Children who are excluded from school are at increased risk of facing unemployment, criminality and social problems later in life.

2. Identification of the topic as a priority:

The research question has been identified by the Cerebra Research Unit as a priority.

Devon's Children and Young People's Plan 2008-2011 identifies the need to reduce permanent exclusions from school as one of their priorities for young people. Devon is establishing a rapid response strategy to the imminent exclusion of children with Statements of SEN and a protocol to prevent the exclusion of children in care.

SW SHA Priorities framework 2008-11:
There are no specific priorities related to the support of excluded children. However, a few relevant priorities have been identified:

- each person with a learning disability will have full access to the physical and mental health care they need.
- make available a range of specialist community-based child and adolescent mental health services

3. Local perspective:

Tractability:
No information was available.

An overview of the local context
No information was available.

References

(1) Carter AS, Briggs-Gowan MJ, Davis NO. J Child Psychol Psychiatry. 2004 Jan;45(1):109-34. Assessment of young children's social-emotional development and psychopathology: recent advances and recommendations for practice.

In this paper we have tried to document some of the recent advances in the conceptualization and assessment of early-emerging social-emotional and behavior problems, competencies, and psychopathology. Considerable evidence documents that young children evidence significant psychopathology (cf., Del Carmen & Carter, in press; Emde, 1999; Zeanah, 2001; Zeanah et al., 1997). Given the range of new assessment measures that have become available over the past 10 years, the field of young child mental health is poised for dramatic gains in knowledge. It is critical to conduct large-scale, longitudinal, epidemiological studies to inform our understanding of the course of psychopathological conditions within the context of a normative developmental framework. Multi-method, multi-informant assessment approaches are more essential in early childhood due to young children's inability to provide self-reports and the embedded nature of children's development in their caregiving contexts. Screening large representative samples affords the opportunity to ascertain unbiased clinically informative sub-samples for methodologically intensive sub-studies. These sub-studies can address the child's cognitive and linguistic developmental capacities as well as utilize observational methods to examine the relational context. This approach provides an opportunity to merge dimensional and diagnostic assessments and will yield critical information for disentangling continuities and discontinuities in normative and atypical development. The assessment methodology currently exists to routinely screen very young children for social-emotional and behavior problems as well as delays in the acquisition of competencies in pediatric settings as well as in early intervention programs. Yet, despite the likely long-term benefits and cost-saving potential of early identification and intervention services, short-term cost and knowledge barriers currently limit widespread implementation. Discussions with pediatricians suggest that one of the greatest barriers to screening is the limited availability of mental health referral sources. Indeed, very few children who are rated by parents as having elevated social-emotional and behavior problems are receiving any behavioral health services (Horwitz et al., in press). Unmet mental health needs exist among non-referred children in the community as well as among children receiving early intervention services for developmental concerns. Documenting the mental health needs of young children may promote training of professionals who have the competence to treat young children and their families. Moreover, the availability of social-emotional and behavior problem assessment tools should increase studies that focus on the clinical efficacy and effectiveness of prevention and early intervention programs designed to promote positive mental health. Finally, although significant progress is occurring in the arena of young child diagnosis, a strong case can be made for intervening when young children are exhibiting elevations in problem behaviors or delays in the acquisition of competence. This is particularly true when children are also

experiencing exposure to multiple contextual risk factors. It is therefore important to advocate for changes to systems that require child diagnosis as a gateway to intervention. As we learn more about the precursors or prodromal manifestations of clinical psychopathology we will be able to examine the efficacy of earlier targeted preventive intervention approaches

(2) Luiselli JK. Assessment-derived treatment of children's disruptive behavior disorders. Behav Modif. 1991 Jul;15(3):294-309. Psychological and Educational Resource Associates, Concord, MA 01742.

The objective of assessment-derived treatment is to formulate therapeutic interventions that are based upon an identification of the variables that control the occurrence of clinical disorders. This article presents a discussion of several concerns related to the process of assessment-derived treatment of children's disruptive behavior disorders (attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder). The use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), diagnostic interviewing, behavior checklists, and direct observational methodologies for purposes of conducting a functional behavioral analysis is reviewed. The role of family variables and academic curriculum also are considered as components of a comprehensive assessment focus. A decision format that indicates the selection of therapeutic strategies as a function of identified controlling relationships is presented.