

Are school aged children with impaired psychopathology more likely to be excluded from school?

What did we find?

- Children with impaired mental health or behaviour e.g. ADHD, (attention Deficit Hyperactivity Disorder) Depression and disruptive behaviour are more likely to be excluded from school than school children without.
- Most of the studies looked at children with ADHD which is one of the most common childhood disorders which often includes difficulty coping at school.
- Children could be wrongly identified as 'naughty or disruptive' when they might have an underlying and unsupported need
- Due to the poor quality and amount of research the full extent of the problem is unknown.

Why did we do this review?

Childhood psychiatric disorders are associated with several adverse outcomes including poor academic attainment. Children with Special Educational Needs (SEN) are around eight times more likely to be permanently excluded from school in the UK than those without, and similar findings are expressed throughout Europe and the US. Children who have as yet unidentified needs may be at greater risk of exclusion without receiving appropriate support.

We wanted to explore the extent of this problem in order to inform practices in education and mental health services and encourage greater awareness of underlying issues that may lead to disruptive behaviour at school.

How did we do this review?

The research was a systematic review. This brings together all existing research on a particular question. To find studies that might help us to answer the question we searched the relevant academic literature.

We found nine studies mostly from the US, with one from the UK and one from Brazil conducted over the last 25 years. Most studies looked at the association of ADHD with school exclusion but two studies looked at the association with depression and one looked at other forms of disruptive behaviour.

Details of all the studies were poorly reported leaving it difficult to determine how the study context may have influenced the findings.

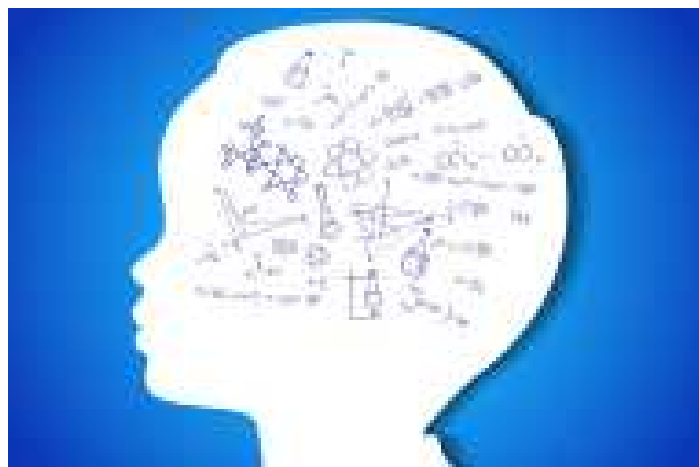


Quality of the research and cautionary notes

The lack of studies in this area means that no conclusions can be drawn about the causality of this relationship. There is a lack of primary research on the relationship between childhood mental health and exclusion from school. Access to both child mental health and school exclusion seems to be difficult despite recording systems that should be in place. The terminology used to describe the type of exclusion from school is not internationally consistent which may hide important differences between the population characteristics and reasons for exclusion.

What next?

More rigorous and detailed research that focuses on particular types of disorder, highlights if and when the disorder is recognised and whether the child is receiving support for this is needed in order to inform any policy and practice in this area. Exclusion from school can be symptomatic of complex problems yet it is not clear that systems are in place to explore this potential in children at risk of being or already excluded from school. Educating children alternative provision is high. Perhaps a shared responsibility and collaborative working between mental health services and education services would be able to identify need and provide support earlier so that exclusions could be avoided and the need for alternative education provision could be reduced. At the same time this could result in more positive outcomes for children, families and wider society.



Contact details and further information about the published paper:

The PenCLAHRC EST is part of Evidence Synthesis and Modelling for Health Improvement (ESMI), at the University of Exeter Medical School. Further information about this research is available on the University of Exeter Medical School website: <http://medicine.exeter.ac.uk/esmi/workstreams/>

The full version of the systematic review of these findings is published in the Journal of School Psychology International You can access the paper here: <http://spi.sagepub.com/content/35/5/530>

If you would like copies, please email the evidence synthesis team on: evidsynthteam@exeter.ac.uk



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