Exploring teachers' confidence in addressing mental health issues in learners with Profound and Multiple Learning Difficulties (PMLD) pre and post training

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ABSTRACT

This research investigates the benefits of training for education professionals around the topic of mental health for learners with Profound and Multiple Learning Difficulties (PMLD). This includes raising awareness, alongside strategies and approaches to support this unique learning group. This study was conducted in a response to existing research, which concluded specific mental health training is needed for educational professionals working with learners with PMLD.

Keywords: PMLD, mental health training, SEN

Literature Review

Data suggest that probable mental health rates among children and young people continues to grow (NHS Digital, 2022), and it is generally accepted that children with additional learning needs are more likely to experience lower wellbeing and mental health conditions (Carpenter, 2011; Emerson and Hatton, 2007; Rose et al., 2009). It is proposed that higher rates of mental health conditions could exist for individuals with profound and multiple learning difficulties (Colley, 2015; Carpenter, 2015). Previous general research into learners with PMLD is lacking (Ware, 2004), with mental health research for this learning group

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potentially less researched (Sheeny and Nind, 2005), and the issue has yet to gain sufficient attention.

The HM Government (2011) report 'No Health without Mental Health' states that mental health is central to our quality of life. Carpenter (2015) asserts that without positive mental health, engagement in learning cannot occur. Due to this, it is suggested that professionals working within education are well positioned in recognising mood changes in children and possibly a mental health condition (Rose et al., 2009; Making Us Count, 2005; Fergusson et al., 2008; Campbell et al., 2016; Laver-Bradbury, 2021). The development of 'The Child and Mental Health Services' (CAMHS), following the 1995 report 'We Stand Together', introduced a four-tier system which placed schools within tier one in responding to mental health concerns. Research carried out by Emerson and Hatton (2007) reported that 42% of parents and carers found advice from teachers the most helpful form of support when dealing with a mental health concern. This supports the importance of professional knowledge in this area.

Training for staff in the area of mental health and learners with PMLD, however, has been lacking (Fergusson et al., 2008). Rose et al. (2009) recommended that schools should consider mental health training, for professionals who work with learners with PMLD, as a priority. Other researchers suggest that not enough PMLD specialist training exists in general (Aird, 2000; Jones, 2019; Martin and Alborz, 2014).

The SALT Report (DERA, 2010) encouraged governments to train more PMLD specialist teachers, particularly in light of the retirement of PMLD specialist teachers working within this unique area of education. Maes et al. (2007) makes the link between the quality of staff and the quality of experience for learners with PMLD. Ware (2004), alongside Sheeny and Nind (2005), suggest that education professionals (adults) become the 'advocate' for the learner with PMLD and also 'infer the meaning of a child's views' (Farmer and Stringer, 2023: 507). They translate their unique communication (Jones, 2019) into needs, wants and overall mood. This supports the thought that identified training in the area of mental health, specific to PMLD learners could support in earlier identification and planning for schools to provide support.

The need for better training is also supported by Campbell et al. (2016) and also explores the role of the 'modern teacher' which now includes the potential recognition and supporting of those with mental health concerns. Lacey (2015) emphasizes the concern of PMLD knowledge

within teacher training. This directly impacts on schools who are expected to train teachers to meet the needs of a unique group of learners and provide continuing professional development with this area.

Methods

The training, titled 'Recognising and supporting mental health concerns among complex learners', was delivered virtually twice. Once to multiple staff teams within one SEN school, who predominately work with learners with PMLD and selected by the management within that setting to attend. The other online training was delivered to individuals within multiple SEN schools who had chosen to attend the training. The last training was delivered in person at a SEN school to individuals who have chosen to attend the training. All attendees to the training came from across Wales and the Southwest of England. As the majority of participants had chosen to take part in this training, it was anticipated that they have an interest within the area of mental health for learners with PMLD and complex learning needs as they were currently, or had previously, worked with learners with PMLD.

This small-scale research project opted to follow a mixed methods approach, bringing together both qualitative and quantitative data to compare, give deeper insight and reasons for responses generated through quantitative data (Walliman, 2022). Odom et al. (2005) suggest that using a range of methods is necessary due to complexity of issues with Additional Needs Education. This view is also supported by Cook and Cook (2016), who suggest that complex questions require a range of research methods. This paper reports predominantly on the qualitative elements of the data. All participants worked in special educational needs schools.

Questionnaires were used to gather comparative data to compare knowledge and confidence around PMLD mental health before (33 responses) and after (13 responses) the training intervention. Questionnaires were developed through use of Microsoft forms. Only three key questions were asked to ensure the questionnaire was not too complex and did not take too much time for professionals:

1. How confident do you feel in recognising a potential mental health concern in a learner with complex needs? 1–5 (No confidence to very confident)

2. Which behaviours would you firstly consider as a mental health concern? (Multiple choice)
3. What strategies would you use if a learner in your class was diagnosed with a mental health concern (Multiple choice)

The same questionnaire was completed around six weeks later, after the training was delivered to individuals in around 25 schools.

In addition, one semi-structured group discussion interview, with three participants, was used to further explore views and experiences (Dawson, 2007). These included exploring how the training had potentially impacted daily practice, awareness of mental health among learners and specifically learners with PMLD and, potentially, complex autism. The discussion was recorded and transcribed, and coded in order to find themes. This collection of interview data served to provide additional depth to the questionnaire data.

Ethics

The research followed the British Education Research Association guidelines for research (BERA, 2018) and complied with the Data Protection Act (1998). Confidentiality was assured at all times and within group discussions with participants asked not to name learners within discussions. Informed consent was gained from all participants. The topic of mental health is an emotive subject and as a researcher and practitioner in this field I was considerate and aware of the potential harm to the participants and how to support this if it arose (Dawson, 2007).

Results and Discussion

The first training session was delivered via Microsoft Teams to participants within the same school. The same questionnaire was completed before and after the training. Three participants answered the questionnaire prior to the training and one after the training had finished.

The first question asked how confident the participant felt in their ability to recognise a mental health concern in a learner with complex needs. Prior to the training, two participants felt neutral in their ability,

and one felt somewhat confident. After the training the participant felt somewhat confident.

Within the second question, all participants felt that being withdrawn would be the first behaviour that would consider being a mental health concern in a leaner with PMLD. The other behaviours participants selected within the questionnaire were 'low mood over an extended period of time', 'not engaging with things previously enjoyed', and 'self-injurious and challenging behaviour'. The participant that answered the questionnaire after the training felt that self-injurious behaviour would be the first behaviour they would consider to be a mental health concern.

The third question asked what strategies the participants would use if a learner in their class was diagnosed with a mental health condition. Prior to the training the participants felt that time to develop positive relationships, quality interactions and increased opportunities for choice were most important. After the training the participants felt that the most important strategies would be time to develop positive working relationships, increases of changes of stimulating environments and increased opportunity for choices.

Limitations to the data collection from the first training session can be seen in the small amounts of participants who took part in the questionnaire. More responses are needed to be able to effectively analyse and compare data. The limited findings from the first training session acted as a pilot and suggested that specific training in mental health can raise awareness and understanding of targeted issues.

When reflecting on the first training, changes were made in subsequent training to discuss the differences between autonomy and choice and how increased autonomy could lead to positive mental health. Also, the importance of positive relationships and frequent quality interactions were added. This supports the findings of Tough et al. (2017) who concluded that social relationships are important in maintaining and continuing good mental health. The training was then delivered online to 36 participants from around 25 different ALN schools in England and Wales. Then in person in a school to 20 participants.

The questionnaire found confidence levels within the 'extremely' and 'somewhat confident choices' went from 63% to 100%. The group interview suggested that the training started the conversation around mental health concerns for PMLD learners, which was important. Participants discussed the complexities of the learning group and the emotional difficulty of mental health concerns for both learners and staff

in classrooms. They discussed how the topic is not discussed enough in schools or in the general population for this learning group. This could be seen as linking to findings of Fergusson, Howley and Rose (2008) that schools were less confident in issues around Mental Health in learners with PMLD. One participant stated that 'I have done levels 1, 2, 3 in counselling … You know there was never anything about people with complex needs.' This quote also supports the views of Lacey (2015), Aird (2000), and Martin and Alborz (2014) that there is not enough knowledge to inform schools and develop continuing professional learning relating to learners with PMLD or their mental health needs.

The questionnaires also found that participants' thoughts changed on how to potentially identify or support learners with mental health concerns.

At first, questionnaire participants felt that increased wellbeing activities would support positive mental health. The questionnaire following the training found that increased autonomy was the most beneficial strategy. Group interview participants felt that wellbeing activities were short one-off activities. They suggested increased autonomy was more important as it could be something that could be facilitated throughout the week, with increased benefits, echoing the findings of Maes et al. (2007). For instance

> Wellbeing opportunities are fantastic, but you think of that in the context of a week, you are talking maybe 20 minutes out of a 7-day week. Whereas the other things you were talking of like quality interactions and things like that, those things can be a little bit more broadly applied … 20-minute activity which is meant to address wellbeing but it's a drop in the ocean.

Most importantly, participants felt that the training could be the start of raising awareness of the subject. This would address findings by Fergusson et al. (2008) that staff are not confident in situations where learners with PMLD may be experiencing a mental health difficulty. They discussed assumptions made about the behaviours associated with the learning group, as discussed by Jones (2019), and the desire for change. Also, the difficulties of supporting an individual who developmentally could be infant or toddler age with conditions such as depression. This could be linked to findings within the 'Count us in' report (2005), which found carers noted difficulty in caring for their

child with a potential mental health need. This is illustrated by one participant reporting that

> You know if they are functioning between 6, 12, 18 months you are almost kind of saying, imagining a depressed infant. That is something that is difficult to think of that's why it's kind of not really talked about enough.

This suggests that identified training is impactful as participant's confidence, knowledge, and thought increased, alongside an awareness of potential proactive strategies to support learners. One participant suggested that

> Wellbeing activities are going to reduce, whatever you want to call it water, but your mental health is about making that bucket bigger to potentially manage more.

This research suggests that training in this area can have an impact on the understanding of mental health for complex learners, supporting the call for more research in this area (Rose et al., 2009).

Limitations were found in promoting the questionnaire after the training had finished. Training sessions two and three took place after school time. 33 pre-training questionnaires were completed in training sessions two and three, with 13 completed after the training. The group interview supported overcoming this challenge as it provided richer detail and explanations for reasons following the interview. There were also challenges in timescales. I had initially planned for a six-week gap between the training delivery and the group interviews. This was for participants to have increased time to process the information and potentially develop into their day-to-day practice. I was unable to hold the twilight or online training until further along in the term, which impacted on timescales. Further research could explore mental health needs for all in the classroom, as they impact upon one another (Black and Halstead, 2021). More time could be needed to establish whether training does impact on long term classroom practice.

Conclusion

The topic of mental health for learners with PMLD is under researched and complex, with many factors to consider. This small-scale research

suggests that specific training for staff working with PMLD learners can have an impact on the understanding of mental health for complex learners. This understanding relates to the various medical, physical, communication and cognition difficulties for this learning group and that mental health is unique to each learner. This is important in supporting a learner with PMLD, who can be completely reliant on adult support.

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